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)

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For th	e 2014 ca	endar year, or tax year beginning , and endin	<u>g</u>	
В	Check if	applicable:	C Name of organization National Center for Lesbian Rights	D Employer ident	ification number
Ш	Address	change	Doing business as		
П	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	94-3086885	
\equiv		_	870 Market Street 370	E Telephone numb	er
Ш	Initial ret	um	City or town State ZIP code	(415) 392-6257	
П	Final return	n/terminated	San Francisco CA 94102		
\equiv			Foreign country name Foreign province/state/county Foreign postal code	· ·	
Ш	Amende	d return		G Gross receipts \$	5,597,672
	Application	on pending	F Name and address of principal officer:	Is this a group return for subc	ordinates? Yes X No
			Kate Kendell, same as above) Are all subordinates inclu	ided? Yes No
1 -	Tay-eyen	not status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list, (see	
				•	·
				Group exemption numbe	Γ 🏲
-		rganization:	X Corporation Trust Association Other ▶ L Year of fo	ormalion: 1988 M	State of legal domicile: CA
	art		mmary		
a)	1				Rights (NCLR) is a legal
ဦ		resource	center with a primary commitment to advancing the rights and safety of lesbia	ans, gay men, bisex	ual, and transgender
Ë		member	s of our community through a program of litigation, public policy advocacy, free	e legal advice (Cont	inue Schedule on O)
Activities & Governance	2	Check th	is box I if the organization discontinued its operations or disposed of m	ore than 25% of its	net assets.
ő	3	Number	of voting members of the governing body (Part VI, line 1a)	3	14
රේ	4	Number	of independent voting members of the governing body (Part VI, line 1b)	4	13
Ęį	5	Total nu	mber of individuals employed in calendar year 2014 (Part V, line 2a)	5	35
⋛	6	Total nu	mber of volunteers (estimate if necessary)	6	30
AC	7a	Total un	related business revenue from Part VIII, column (C), line 12		0
	b	Net unre	lated business taxable income from Form 990-T, line 34	7b	0
	1		AND PROBLEMS READING ROLL FOR THE COLUMN COL	Prior Year	Current Year
ø	8	Contribu	tions and grants (Part VIII, line 1h)	4,165,805	5,073,033
Ž	9	Program	service revenue (Part VIII, line 2g)	18,164	92,841
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	35,714	29,067
ď	11	Other re	/enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-120,632	-76,000
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	4,099,051	5,118,941
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)	45,000	26,213
	14	Benefits	paid to or for members (Part IX, column (A), line 4)	40,000	20,210
Ø	15	Salaries.	other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,049,254	3,269,912
Š	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)	109,592	10,725
Expenses	b	Total fun	draising expenses (Part IX, column (D), line 25) 809,501	100,532	10,123
Щ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,622,240	1,956,949
	18	Total ext	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,826,086	5,263,799
	19		less expenses. Subtract line 18 from line 12	-727,035	-144,858
2 8				inning of Current Year	End of Year
ang	20	Total ass	ets (Part X, line 16)	1,695,003	1,891,644
& A B	21	Total list	ilities (Part X, line 26)	602,362	840,666
Net Assets or Fund Balances	22		ts or fund balances. Subtract line 21 from line 20	1,092,641	1,050,978
Ρā	rt II		nature Blogk	1,032,041	1,000,876
Unde	er penalti		I declare that I have examined this feturn, including accompanying schedules and statements, and to	n the hest of my knowledg	P
and i	belief, it is	s true, correc	t, and complete Deckirption of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.	
Sig	ın		X // INITED LIAMINING		, , , , , , , , , , , , , , , , , , , ,
Hei		7	Signature of Sicel	Dale /	1 ,
1161	C	A _	Kate Kendell, Executive Director	6/17	115
			Type or print name and title	3-7	
_		Print/	Type preparer's name Preparer's signature	Date	PTIN
Pai		Daw	Nec E Cook CDA MDA	Oheck Oheck	if Boursey Ton
Pre	parer		glas E. Cook, CPA, MPA	C-13 self-emp	
Use	e Only	· -	name ► Cook & Company, A Professional Accountancy Corp.	Firm's EIN ► 47-26	526541
			address ► 870 Market Street, Suite 880, Salf Francisco, CA 94102	Phone no. (415)	621-1112
May	the IR	S discuss	this return with the preparer shown above? (see instructions)		X Yes No

2000000000000	990 (2014)		or Lesolan Rights				9	4-3086885	Page ∠
Pa	rt III	Statement of Pro	ogram Service A	snons	i plishments e or note to any lii	ne in this Part III			X
4	Briefly d	lescribe the organizatio		opono	or note to arry in	ne in this cartiff			
•		s a national legal organ		ممانيم	naina tha airil and hi	una a u via lata a f			
		gay, bisexual, and tran				otion			
		on, policy, and public e		ia illeli	ramilles urrough lug	ation,			
	jegisladi	ori, policy, and public e	ducation.						
2	Did the	organization undertake	any significant pro	utam e	envices during the ve	ear which were not	listed on		
_		r Form 990 or 990-EZ?						. Yes	X No
	If "Yes "	describe these new se	envices on Schedule		· · · · · · · · ·			. Lites	[V] NO
3		organization cease con			nt changes in how it	conducto any pro-	aram		
•	services	67	ludeling, or make s	griiica	in changes in now it	conducts, any proj	gram	□ Van	X No
	If "Yes "	describe these change	se on Schedulo O					Yes	V NO
4		e the organization's pro		molichi	monto for each of ita	three lergest progr		an an an aread by	
-	expense	es. Section 501(c)(3) ar	nd 501(c)(A) organi	ratione	are required to repe	entee largest progr et the emount of ar	ant services, as	tions to others	
	the total	expenses, and revenu	e if any foreach r	radionis	ale required to repo	at the amount of gr	ants and alloca	uons to others,	
		expended, and revent	c, ir arry, for cach p	nogran	i service reported.				
4a	(Code:) (Expe	nses \$ 422	6 925	including grants of	\$ 26.213	\/Payanua \$	02	2/1 \
	See Sch	م ماریام م					_		
4b	(Codo:	\ /F	A					****	
411	(Code.) (Expe							
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			·			·			
				·					
							.======================================		
				• • • • • • • • • • • • • • • • • • • •					
	<i>'</i> 0 '								
4c	(Code:) (Expe	nses \$		including grants of \$	·) (Revenue \$	*****)
								.==	
		·							
4d		ogram services. (Descri	be in Schedule O.)		- William				
	(Expense		0 including gran) (Revenue \$		0)	
4e	Total pro	gram service expenses	; Þ	4,	226,925				

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	1
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		Х
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	1		
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	T-		
	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	۳		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	100000		
	VII, VIII, IX, or X as applicable.	35555	2000	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	TEXTEL	1000000	
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110	_^	
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1110		 ^-
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		-
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	i	х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		^
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	120	^	
-	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	426		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?			X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$400,000 as a series 0 15/0/a // a series 0 15 to 1 15 to 1 15 to 1 15 to 1	145		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	ا ء ا		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		Х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	4.	İ	v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		Х
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	ا ـِر ا	, l	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	Х	
, 0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	ا ؞؞ ا		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Х	
	If "Yes," complete Schedule G, Part III.	ایرا		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		×
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
~		20b		

Par	t IV Checklist of Required Schedules (continued)		•	X
			Yes	No
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	are anguine and proceed or tax exempt being beyond a temperary period exception:	24b		
C	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, 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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		5448 5448	Branton Branton
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			andre Springe
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustae, 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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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		Х
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		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ī	_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		l	
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		J	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		_		

Form 990 (2014) National Center for Lesbian Rights 94-3086885 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 36 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Χ 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 . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns?... b 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a Х 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7b Х Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 9 Sponsoring organizations maintaining donor advised funds. а

Part VI

Sec	tion A. Governing Body and Management				
		·		Yes	No
1a	the state of the state of the general group at the entry out,	1a 1	4		
	If there are material differences in voting rights among members of the governing body, or		Services.		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1ხ 1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with	2124112		
	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, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	annoint			
	one or more members of the governing body?	appoint	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		ra		
	stockholders, or persons other than the governing body?	1	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	· · · · · · · ·	10	Security.	<u>^</u>
•	the year by the following:	radning		250	
а	The governing body?		0-	х	Taning (
b	Each committee with authority to act on behalf of the governing body?		8a	-	Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be n		8b		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	eacneo			
Sect	ion B. Policies (This Section B requests information about policies not required by the		9		Х
<u> </u>	1011 B. F directs (This dection b requests information about policies not required by the	internai Revenue	∪oae.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	162	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such or	hantore	Iva	1	
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	mapiers,	406		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	rpuses ?	10b	V	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	re ming the form?.	11a	X	't jeughai
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			ASO.	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	ive fise to conficts?	12b	Х	
·	describe in Schedule O how this was done	res,			
13	Did the exemination have a written which believe a first		12c	X	
14	Did the organization have a written whistleblower policy?	• • • • • •	13	Х	
15	Did the organization have a written document retention and destruction policy?		14	Х	
10	Did the process for determining compensation of the following persons include a review and approximate and app	/al by	7		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation a		TOWN		
a	The organization's CEO, Executive Director, or top management official.		15a	X	
n	Other officers or key employees of the organization		15b		X
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
Toa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement			
1.	with a taxable entity during the year?		16a		Χ_,
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the	ate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	uard	11,010,01		
N 41	the organization's exempt status with respect to such arrangements?	· · · · · · · · ·	16b		
	on C. Disclosure				
17 10	List the states with which a copy of this Form 990 is required to be filed ► See Attached Sta	tement			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Section 501(c)(3	s only)	
i	available for public inspection. Indicate how you made these available. Check all that apply.				
40	Own website X Another's website X Upon request Other (exp	olain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest pol	cy, and	Ė	
	financial 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 bo				
	Billy Chen 870 Market Street, Suite 370, San Francisco, CA 04403	(415) 365-1301			
	X / I BROTVOT STROOT SUNA 270 Can Eranaisaa CA 04400				

Part VII	National Center for Lesbian Right Compensation of Officers, Dire		es	Ker	/ Er	nn	OVE	9	Highest Com	94-30868 pensated	385 Pagi
	Employees, and Independent		,,,,	ive	, I	ıιμι	Oyee	· 3 , :	ingnest com	Jensaleu	
	Check if Schedule O contains a	response or no	ote to	o an	ıy li	ne i	in thi	s Pa	art VII...		\square
Section A.	Officers, Directors, Trustees, Key E				***********					XIII.24.	
1a Complete	this table for all persons required to be									with or within the	•
organization's	s tax year.								au you onding	than or mainraic	•
 List all 	of the organization's current officers, o	lirectors, trustee	s (wh	ethe	er in	divi	duals	or c	organizations), re	egardless of amo	ount
of compensat	ion. Enter -0- in columns (D), (E), and :	(F) if no compen	satio	n wa	as p	aid.					
• List all	of the organization's current key emplo	oyees, if any. Se	e ins	truc	tion	s fo	r defir	itio	n of "key employ	'ee."	
 List the 	organization's five current highest col	mpensated empl	oyee	s (o	ther	tha	n an	offic	er, director, trus	tee, or key empt	oyee)
organization a	reportable compensation (Box 5 of For and any related organizations.	iii vv-z and/or B	OX 7	OI F	orm	10	99-MI	SC)	or more than \$1	00,000 from the	
	of the organization's former officers, ke	ev emplovene a	nd hid	ahad	et co	nmn	oncol	od i	amplovoce who	ransivad mara th	on
\$100,000 of re	eportable compensation from the organ	nization and any	relate	ed o	roai	niza	tions.	cut	employees who i	received more an	idii
	of the organization's former directors								as a former dired	ctor or trustee of	the
organization, i	more than \$10,000 of reportable comp	ensation from th	e org	aniz	atio	n ai	nd an	y re	lated organizatio	ns.	1110
List persons ir	n the following order: individual trustee:										
compensated	employees; and former such persons.									-	
Check thi	s box if neither the organization nor an	y related organiz	zation	COL	mpe	nsa	ted a	ny c	urrent officer, di	rector, or trustee	
				-		(C)				<u> </u>	
	743		١			sition					İ
	(A) Name and Tille	(B) Average					e than e is both		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any	offic	er an	d a c	direct	or/trustee)		compensation	compensation	amount of
		hours for	or director	Institutional	Officer	€	emg High	Former	from the	from related organizations	other compensatio
		related organizations	irect iduz	<u>\$</u>	ğ	93	est o	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	우률	<u>a</u>		Įğ	8 8		(41-2/1000-41100)		and related
		fine)	Individual trustee or director	trustee		1 &	bens				organizations
				8			Highest compensated employee				
(1) Tamika	Butler	5.00		+	Ħ						
Co-Chair			x		Х				0	0	
(2) Kelly Me	cCown	5.00									
Co-Chair			Х	L	Х		<u> </u>		0	0	
(3) Gareth		5.00				l					
Vice Chair of F			X		Х	<u> </u>			0	. 0	
(4) Angela i Freasurer	perry	5.00							_		
(5) Erin Doi	minguez	5.00	X	-	Х	 			0	0	
Secretary	inaiguez	5.00	x	ŀ	х						
(6) Shaland	la Baker	3.00	 ^-	 	^				0	0	
Director		0.00	Х					1	0	o	
(7) Stacey (Camillo	3.00		<u> </u>					- Y	- V	
Director			Х	۱. ا					0	o	
(8) Lisa Cis	neros	3.00							_	-	
Director			Х						0	0	
(9) Elizabet	h Deeley	3.00									
Director			Х			Ш			0	0	
10) Dorothy	Fernandez	3.00									
Director	Corro		Х						0	0	
11) Thelma Director	Gaiza	3.00	. , l								
12) Therese	0.00	3.00	Х	$\vdash \vdash$		$\vdash \vdash$		_	0	0	
Director		3.00	х				1		أر		
13) Ruth Mc	Farlane	3.00	-^-	\vdash	-				0	0	
Director			ا پ					١			

3.00

(13) Ruth McFarlane Director

(14) Leigh Morgan Director

Х

0

0

0

Section A. Unicers, Directors, Tr	ustees, Key Em	pioye	es,	and	3 H	gnes	it C	ompensated En	ipioyees (contin	iuea)
(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unle er an	Pos neck ss pe	rson irect	than of is both or/trust employ	n an lee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
(15) Stacy Parson Director	3.00	х						0	0	
(16) Maya Philipson Director	3.00							0	0	
(17) Sonni Zambino Director	3.00	1						_		
(18) Kate Kendell	40.00	Х						0	0	
Executive Director		Х		х				215,000	0	32,792
(19) Billy Chen	40.00									
Finance Director (20) Shannon Minter	40.00		ļ	Х				96,720	0	5,266
Legal Director					х			185,000	0	28,664
(21) Shannan Wilber	40.00									
Youth Policy Director (22) Amanda Ryan-Smith	40.00					Х		145,600	0	22,900
Development Director	40.00					х		118,000	0	26,039
(23) Erik Olvera	40.00									20 ,000
Communications Director (24) Chris Stoll	40.00					X		118,000	0	5,773
(24) Chris Stoll Senior Staff Attorney	40,00					х		114,953	0	12,118
(25)				\dashv				111,000	<u> </u>	12,110
1b Sub-total							_	000 070		100.550
1b Sub-total								993,273 0	0	133,552 0
d Total (add lines 1b and 1c)							▶	993,273	0	133,552
2 Total number of individuals (including but not lir reportable compensation from the organization	nited to those lis	ted a	bov	e) w	/ho i	recei	ved	more than \$100	,000 of	
reportable compensation from the organization				7	-					Yes No
3 Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched						_		compensated	Towns and	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great individual.									,	4 X
5 Did any person listed on line 1a receive or according for services rendered to the organization? If "Yes"	ue compensatior es," complete Sc	ı from hedul	n an le J	y ur for a	rela suci	ated o	orga son	nization or indivi	idual	5 X
Section B. Independent Contractors										
 Complete this table for your five highest compe- compensation from the organization. Report con year. 	nsated independ mpensation for th	ent c	ontr	acto lar y	ors t /ear	hat re endi	ng v	ived more than \$ with or within the	100,000 of organization's to	ax
(A) Name and business addr	ess							(B) Description of serv	ices C	(C) ompensation
Mal Warwick & Associates 2550 9th Street,	#103 Berkeley,	CA 9	471	0			Dire	ect Mail Fundrais		161,883
										. 0
										0
										0
2 Total number of independent contractors (included more than \$100,000 of compensation from the contractors).	ling but not limite organization	ed to t	thos	e lis	sted	abov 1	ve) ۱	who received	71-07 (1995) (10-0 72-74 (1995) (10-0 1995)	

94-3086885 Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
y) o	, 1a	Federated campaigns	1a	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Vertice (Control of the Control of t
and the	b	Membership dues	1b	0				
0 6	C	Fundraising events	1c	448,533				
# 1	d		1d	0				
is, is	е		1e	0				
Contributions, Gifts, Grants	f	All other contributions, gifts, grants, and					511000000000000000000000000000000000000	
결	3	similar amounts not included above	1f	4,624,500	The state of the s			
ont	g	Noncash contributions included in lines 1a-1f:	\$	0				
	h	Total. Add lines 1a-1f			5,073,033			
en n	ļ			Business Code				
Program Service Revenue	2a	Honoraria & Other Fees		900099	92,841	92,841		
S.	þ				0			
vice	C	***************************************			0			
Ser	d	***************************************			0			
뙲	е				0			
	f	All other program service revenue			0			
<u> </u>	g	Total. Add lines 2a-2f		<u></u> >	92,841			
	3	Investment income (including dividends, inter			į.			
]	other similar amounts)			27,986			27,986
	4	Income from investment of tax-exempt bond	proc	eeds 🕨	. 0			
	5	Royalties		<u>.</u> . >	0			
				(ii) Personal			100	Transport Control of the Control of
	6a	Gross rents						Application of the second seco
	b	Less: rental expenses					and the second s	The same of the sa
	C	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of (i) Securities	S	(ii) Other	2000			
		assets other than inventory 210,2	215	0				The state of the s
	b	Less: cost or other basis					A CONTRACTOR OF THE CONTRACTOR	
		and sales expenses 209,		0	Control of the Contro			
	C		081	0		The second secon	7. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	all man de la company de la co
	ď	Net gain or (loss)		>	1,081			1,081
Revenue	8a	Gross income from fundraising						
Š		events (not including \$ 448,533					The state of the s	
	ĺ	of contributions reported on line 1c).						
ĕ	١.	See Part IV, line 18	a	166,820			American Company of the Company of t	A CONTROL OF THE PROPERTY OF T
Other	b	Less: direct expenses	b	269,597				
•	C	Net income or (loss) from fundraising events .	٠,	<u> , ▶</u>	-102,777			-102,777
	ya.	Gross income from gaming activities.						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	. l	See Part IV, line 19.	a	0				
	b	Less: direct expenses	b [0				
	C	Net income or (loss) from gaming activities .	٠.,	<u></u> ▶	0			
	10a	Gross sales of inventory, less		_			The second secon	
	t.	returns and allowances	۲	0				A control of the cont
	b	Less: cost of goods sold	b [0				
	C	Net income or (loss) from sales of inventory.	• •		0			
	44-	Miscellaneous Revenue	_	Business Code			The second secon	
	11a	Miscellaneous	ľ	900099	26,777			26,777
	b		-		0			
	C	AB Ahan	-		0			
	d	All other revenue	L		0		TO BE NOT THE OWNER.	
l	e	Total. Add lines 11a-11d			26,777			
	12	Total revenue. See instructions.	<u> </u>	<u> , ▶ </u>	5,118,941	92,841	0	-46,933

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (D) (B) Do not include amounts reported on lines 6b, 7b, Program service Fundraising Total expenses Management and 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 26,213 26,213 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees 563,442 416,997 109,276 37,169 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 2,142,286 1,854,930 29,316 258,040 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . 41,392 35,877 514 5,001 9 334,045 280,376 14,951 38,718 10 188,747 158,548 9,437 20,762 Fees for services (non-employees): 11 0 9,290 168 9,100 22 Professional fundraising services. See Part IV, line 17. . . . 10,725 10,725 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 383,996 368,425 11,228 4,343 Advertising and promotion 12 187,311 32,834 65 154.412 13 151,147 129,606 6,507 15,034 14 146,517 108,765 4,503 33,249 15 0 16 283,924 248,845 10,962 24,117 17 362.372 337,297 1,994 23,081 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 41,763 37,797 739 3,227 20 0 Payments to affiliates 21 0 Depreciation, depletion, and amortization 22 21,337 17,923 1.067 2,347 23 32,555 30,058 780 1,717 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 O.) Books, Dues & Publications 64,042 63,417 74 551 Staff Development 16,693 12,446 40 4,207 Gala & Event Production 123,325 19,270 25 104,030 Taxes, Fees & Licenses 85,529 11,334 11,827 62,368 e All other expenses Miscellaneous 47,148 35,799 4.968 6,381 25 Total functional expenses. Add lines 1 through 24e. 5,263,799 4,226,925 227,373 809,501 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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or	The second secon	(A)	· ·	(B)
	,			Beginning of year		End of year
	1	Cash—non-interest-bearing		346,235		1,000
	2	Savings and temporary cash investments		23,466		3,076
	3	Pledges and grants receivable, net		819,157	3	1,293,855
	4	Accounts receivable, net		96,755	4	171,606
	5	Loans and other receivables from current and for		7.170-7.40-3-40-40-40-40-40-40-40-40-40-40-40-40-40-		
		trustees, key employees, and highest compension. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person			9	
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	ad contributing employers and			
	1	sponsoring organizations of section 501(c)(9) voluntary e	muloneed, peneticions			
13	İ	organizations (see instructions). Complete Part II of Sche			6	
Assets	7	Notes and loans receivable, net	0010 2	0		0
Ą	8	Inventories for sale or use	· • • • • • • • • • • • • • • • • • • •		8	
	9	Prepaid expenses and deferred charges		00.200	_	405 070
	10a	Land, buildings, and equipment: cost or		80,366	9	105,276
	''	other basis. Complete Part VI of Schedule D	10a 74,719			
	b		10b 43,772		10c	30,947
	11	Investments—publicly traded securities		261,684		244,350
	12	Investments—other securities. See Part IV, line		201,084	_	244,350
	13	Investments—program-related. See Part IV, line		0		0
	14	Intangible assets		52,609		41,534
	15	Other assets. See Part IV, line 11		52,609	15	41,554
	16	Total assets. Add lines 1 through 15 (must equa	lline 34)	1,695,003		1,891,644
	17	Accounts payable and accrued expenses	A III (C 04)	471,270		501,445
	18	Grants payable		771,270	18	001,440
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	• • • • • • • • • • •		20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and former	officers directors			
Liabilities		trustees, key employees, highest compensated	employees and		12	
ğ		disqualified persons. Complete Part II of Schedu	le L		22	A CONTRACTOR OF THE PROPERTY O
Ξ.	23	Secured mortgages and notes payable to unrela		100,000	23	300,000
	24	Unsecured notes and loans payable to unrelated	third parties	100,000	24	0
	25	Other liabilities (including federal income tax, pa				<u> </u>
		parties, and other liabilities not included on lines				
		Part X of Schedule D		31,092	25	39,221
	26	Total liabilities, Add lines 17 through 25		602.362	26	840,666
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 an	d 34		1700 (170)	
ııc	27					
Sale	28	Unrestricted net assets		104,476	27	-274,286
d E	29	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	988,165	28	1,325,264
H	23	Permanently restricted net assets	1		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	check here ▶ and		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
e E	30	Capital stock or trust principal, or current funds .			30	
SS	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
#	32	Retained earnings, endowment, accumulated inc	come, or other funds .		32	
ž	33	Total net assets or fund balances		1,092,641	33	1,050,978
	34	Total liabilities and net assets/fund balances		1,695,003	34	1,891,644

2000775250	990 (2014) National Center for Lesbian Rights	94-30	86885	Pa	ge 12
Pa	A XI Reconciliation of Net Assets				***************************************
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,11	8,941
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,26	3,799
3	Revenue less expenses. Subtract line 2 from line 1	3		-14	4,858
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,09	2,641
5	Net unrealized gains (losses) on investments	5			4,803
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		10	7,998
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,050	0,978
	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		3.5325 2.5325 2.5325 2.5325		No. 201
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		35.000 35.000 35.000		
2~			10000000	Fine	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	' describer.	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		94,403		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Doth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	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:		77.00150	1,10,11,101	3200.000 1100.000
	X Separate basis Consolidated basis Both consolidated and separate basis			000105 200000	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		- 25.000 - 25.000 - 25.000		NEWS S
	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		7772		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<i></i> .	3b		
			Form	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer Identification number

National Center for Lesbian Rights 94-3086885 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public IXI 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II,) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations 0 Provide the following information about the supported organization(s). (i) Name of supported organization (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

mm 990 or 990-EZ) 2014 National Center for Lesbian Rights 94-3086
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,094,985	3,343,507	3,954,007	4,165,805	5,073,033	19,631,337
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						<u>~</u>
	furnished by a governmental unit to the			****			
	organization without charge						0
4	Total. Add lines 1 through 3	3,094,985	3,343,507	3,954,007	4,165,805	5,073,033	19,631,337
5	The portion of total contributions by each	0,004,000	0,040,007	3,834,007	4,100,000	0,070,000	19,031,337
•	person (other than a governmental unit						
	or publicly supported organization)					and a second professional and a second profession and	
	included on line 1 that exceeds 2%						
	of the amount shown on line 11.						
	column (f)	1. 40 per la marco de la companya de			The second secon		
6	` ·						2,882,008
Sac	Public support. Subtract line 5 from line 4.						16,749,329
	endar year (or fiscal year beginning in)	(-) 0040	41.0044		40.004		
	· · · · · · · · · · · · · · · · · · ·		(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	3,094,985	3,343,507	3,954,007	4,165,805	5,073,033	19,631,337
8	Gross income from interest, dividends,						
	payments received on securities loans,		,				
	rents, royalties and income from similar						
	sources	11,893	6,105	6,427	37,571	27,986	89,982
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	8,321	26,777	35,098
11	Total support. Add lines 7 through 10						19,756,417
12	Gross receipts from related activities, etc. (se	e instructions)				12	333,044
13	First five years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here .	·					
Sec	tion C. Computation of Public Sup						
	Public support percentage for 2014 (line 6, co			n)		14	84.78%
15	Public support percentage from 2013 Schedu	ile A Part II line 1	4	,,,		15	82.06%
16a	33 1/3% support test—2014. If the organiza	tion did not shoot	the herren line da		100/		02.0078
	and stop here. The organization qualifies as	a publich cupper	the box on line 13,	, and line 14 is 33 1	73% or more, chec	X this dox	٠
h							▶ X
IJ	33 1/3% support test—2013. If the organization qualifies	ition did not check	a box on line 13 or	r 16a, and line 15 is	s 33 1/3% or more,	check this	 1
	box and stop here. The organization qualifies						· · · · > []
1/a	10%-facts-and-circumstances test—2014.	If the organization	did not check a b	ox on line 13, 16a,	or 16b, and line 14	•	
	is 10% or more, and if the organization meets	the facts-and-cire	cumstances" test, o	check this box and	stop here. Explair	n in	
	Part VI how the organization meets the "facts organization	-and-circumstance	s test. The organi	zation qualifies as	a publicly supporte	d	. —
							▶ ∐
ņ	10%-facts-and-circumstances test—2013.	If the organization	i did not check a bi	ox on line 13, 16a,	16b, or 17a, and li	ne	
	15 is 10% or more, and if the organization me Part VI how the organization meets the "facts	-and-circumstance	orcumstances" te: s" test. The arassi	st, Check Inis box a	nu stop nere. Exp e publicky	piain in	
	supported organization	on confidented		ennon quamica as i	а ривныя		<u> </u>
	Private foundation. If the organization did no					· · · · · · · · · · · ·	
	instructions						▶ 🔼

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on						
	its behalf		İ				0
5	The value of services or facilities	-					
•	furnished by a governmental unit to the						
	organization without charge	1				į	0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3	-	<u> </u>	0			
	received from disqualified persons						0
h	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		1				
	exceed the greater of \$5,000 or 1% of the		1				
	amount on line 13 for the year						0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		U	U			
Ü	line 6.)						0
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	. 0	0	0	0	0	0
	Gross income from interest, dividends,		1				
	payments received on securities loans,						
	rents, royalties and income from similar sources .						0
b	Unrelated business taxable income (less						<u>_</u>
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	U	<u> </u>		V		<u> </u>
• •	activities not included in line 10b, whether	,	1				
	or not the business is regularly carried on .		,				0
12	Other income. Do not include gain or						
	Other income: Do not include gain of			I			
	 		İ				
	loss from the sale of capital assets						0
13	loss from the sale of capital assets (Explain in Part VI.)						0
13	loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	
13 14	loss from the sale of capital assets (Explain in Part VI.)	0	0	O or fifth lay year a	0 s a section 501(c)	0	0
	loss from the sale of capital assets (Explain in Part VI.)	ganization's first, se	cond, third, fourth	, or fifth tax year a	s a section 501(c)(3)	0
14	loss from the sale of capital assets (Explain in Part VI.)	ganization's first, se	econd, third, fourth	, or fifth tax year a	s a section 501(c)(3)	0
14 Sec	loss from the sale of capital assets (Explain in Part VI.)	ganization's first, so 	econd, third, fourth	or fifth tax year a	s a section 501(c)(3)	▶ □
14 Sec 15	loss from the sale of capital assets (Explain in Part VI.)	panization's first, so port Percenta lumn (f) divided by	econd, third, fourth ge line 13, column (f)	or fifth tax year a	s a section 501(c)(15	0.00%
14 Sec 15 16	loss from the sale of capital assets (Explain in Part VI.)	panization's first, so port Percenta lumn (f) divided by le A, Part III, line 1	ccond, third, fourth ge line 13, column (f)	or fifth tax year a	s a section 501(c)(3)	▶ □
14 Sec 15 16	loss from the sale of capital assets (Explain in Part VI.)	panization's first, so port Percenta lumn (f) divided by le A, Part III, line 1 t Income Perce	gecond, third, fourth ge line 13, column (f) 5	or fifth tax year a	s a section 501(c)(15 16	0.00%
14 Sec 15 16 Sec 17	loss from the sale of capital assets (Explain in Part VI.)	panization's first, so port Percenta lumn (f) divided by le A, Part III, line 1 t Income Perce 10c, column (f) div	ge line 13, column (f) 5	or fifth tax year a	s a section 501(c)(15	0 ▶ □ 0.00% 0.00%
14 15 16 Sec 17	loss from the sale of capital assets (Explain in Part VI.)	port Percenta lumn (f) divided by le A, Part III, line 1 t Income Perce 10c, column (f) div hedule A, Part III, li	ge line 13, column (f) 5	or fifth tax year a	s a section 501(c)(15 16 17 18	0 ▶ □ 0.00% 0.00%
14 Sec 15 16 Sec 17 18 19a	loss from the sale of capital assets (Explain in Part VI.)	port Percenta lumn (f) divided by le A, Part III, line 1 t Income Perce 10c, column (f) div hedule A, Part III, li ation did not check op here. The orga	ge line 13, column (f) 5	or fifth tax year a	s a section 501(c)(15 16 17 18 19 19 19 19 19 19 19	0
14 Sec 15 16 Sec 17 18 19a	loss from the sale of capital assets (Explain in Part VI.)	port Percenta lumn (f) divided by le A, Part III, line 1 t Income Perce 10c, column (f) div hedule A, Part III, li ation did not check op here. The orga ation did not check	ge line 13, column (f) 5	or fifth tax year a) lumn (f)) and line 15 is more apublicly supportine 19a, and line	s a section 501(c)(15	0.00% 0.00% 0.00% 0.00%
14 Sec 15 16 Sec 17 18 19a	loss from the sale of capital assets (Explain in Part VI.)	port Percenta lumn (f) divided by le A, Part III, line 1 t Income Perce 10c, column (f) div hedule A, Part III, li ation did not check op here. The orga ation did not check ox and stop here.	ge line 13, column (f) 5 entage ided by line 13, col ne 17 the box on line 14 nization qualifies a a box on line 14 o The organization of	umn (f))	ore than 33 1/3%, a set organization . e 16 is more than 3 sicky supported organization organization .	15	0.00% 0.00% 0.00% 0.00%

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No

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Part	Supporting Organizations (continued)			
		- चुंडा वर्जन	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	27 17 14 17 17 17 17 17 17 17 17 17 17 17 17 17		300150 300150
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	100 M 100 M	. Salviya	9220
	below, the governing body of a supported organization?	11a		ऻ
b	A family member of a person described in (a) above?	11b		├
Secti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c	<u>!</u>	<u> </u>
OCCI	on B. Type I supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	5.20000	165	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	75-77-77		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			7777111111
	controlled the organization's activities. If the organization had more than one supported organization,	2500000		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	75700 TT		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	The second of th		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 - 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
	supervised, or controlled the supporting organization.	2		<u> </u>
Secti	on C. Type II Supporting Organizations			
		356255	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	21010000 21010000		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100000		
	or management of the supporting organization was vested in the same persons that controlled or managed		Pilazi.	Since
Secti	the supported organization(s). on D. All Type III Supporting Organizations	11_	<u> </u>	<u> </u>
Occil	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	47270549	168	INO Electron
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		2000	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1000	33000 33000	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	277,775,5	700000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	000000000 1000000000000000000000000000	Seven Seven	9450
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ANT 19141	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1,000 mm mm mm mm mm mm mm mm mm mm mm mm		danie.
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uction	s):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations, Complete Ilne 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions	J.
2				
a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	NO
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	10,700,700,000 100,700,700,000 200,700,700,000		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	100 100 100 100 100 100 100 100 100 100	ALCONO.	BEAUTIN.
	how the organization was responsive to those supported organizations, and how the organization determined	50000000 50000000 50000000	27.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	
	that these activities constituted substantially all of its activities.	2a	4900,000	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1179 5179		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	30 m. 1990	Transcrip.
3	Parent of Supported Organizations. Answer (a) and (b) below.	4.000000 10.00000	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		\$15.50¢	83-143-1 15115-31
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Jrasi	alzationa	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions All
other Type III non-functionally integrated supporting organizations must co			structions. All
	инрів	te Sections A through L.	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	1 2		
3 Other gross income (see instructions)	3		•
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5	·	·
6 Portion of operating expenses paid or incurred for production or	+		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
	10		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see			(Optional)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		and the second s
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	4250 4370		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+	U	
see instructions).	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	 	o	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
	10		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	11		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	╅	and the Committee of th	
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	iv-inte	grated Type III supporting a	
instructions).	.,	g. z z . z y po in oupporting t	3==4.011 (000

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)					
Secti	on D - Distributions			Current Year				
1	The part to depart of a department of the department of							
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	3					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz	ations					
4	4 Amounts paid to acquire exempt-use assets							
5	5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions.							
6								
7		0						
8	8 Distributions to attentive supported organizations to which the organization is responsive							
	(provide details in Part VI). See instructions.							
9	9 Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount			0.000				
s	Section E - Distribution Allocations (see instructions) (i) Excess Distributions Pre-2014							
1	Distributable amount for 2014 from Section C, line 6			0				
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014:							
<u>a</u>								
b								
<u>c</u>								
<u>d</u>	Section 2 to the section of the sect							
е	From 2013							
	Total of lines 3a through e	0.						
	Applied to underdistributions of prior years		0					
<u>h</u>	Applied to 2014 distributable amount			0				
<u>i</u> _	Carryover from 2009 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0						
4	Distributions for 2014 from Section							
	D, line 7: \$ 0							
	Applied to underdistributions of prior years		0					
	Applied to 2014 distributable amount		Control of the Contro	0				
	Remainder. Subtract lines 4a and 4b from 4.	0						
5	Remaining underdistributions for years prior to 2014, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).		0					
6	Remaining underdistributions for 2014. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see		The state of the s					
	instructions).			0				
7	Excess distributions carryover to 2015. Add lines 3j							
	and 4c.	0		**************************************				
8	Breakdown of line 7:							
a								
b								
с	Control of the Contro							
d_	Excess from 2013 0							
ę	Excess from 2014							

	orm 990 or 990-EZ) 2014		or Lesbian Rights	-4	and the second s	94-3086885	Page 8
Part VI	Supplemental Part III, line 12.	Information. Provid Also complete this p	e the explanatio part for any addit	ns required by F tional informatio	Part II, line 10; Part n. (See instructions	II, line 17a or 17 s).	7b; and
Part II Sec	tion B Line 10 From	time to time, miscellan	eous monies are r	eceived during the	<u> </u>		
course of p	performing the organ	ization's tax-exempt fu	nction.			***	
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#### SCHEDULE C (Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasur

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

· Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number National Center for Lesbian Rights 94-3086885 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . . . . ▶ \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . . . . . . . . . . . . . . Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds, Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4) (5)(6)

341	Edule C (Form 990 OF 990-EZ) 2014					Page 2
P	art II-A Complete if the organize under section 501(h)).	zation is exe	mpt under section 5	01(c)(3) and filed	d Form 5768 (elec	
A	Check ▶ if the filing organization name, address, EIN,	_				p member's
В	Check ▶ if the filing organization	on checked b	ox A and "limited con	trol" provisions ap	oply.	
	Limits on (The term "expenditure	Lobbying Exp s'' means amo	enditures ounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	e public opinior	(grass roots lobbying)		73,328	0
b	Total lobbying expenditures to influence				338,128	0
С	Total lobbying expenditures (add lines				411,456	0
d	Other exempt purpose expenditures .				4,852,343	0
е	Total exempt purpose expenditures (ad	dd lines 1c and	1d)		5,263,799	0
f	Lobbying nontaxable amount. Enter the	e amount from t	the following table in bot	h		-
	columns.				413,190	0
	If the amount on line 1e, column (a) or (	b) is: The lo	bbying nontaxable amou	int is:		
ļ	Not over \$500,000	20% of	the amount on line 1e.			
ļ	Over \$500,000 but not over \$1,000,000		00 plus 15% of the excess			
-	Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the excess			
ŀ	Over \$1,500,000 but not over \$17,000,000		00 plus 5% of the excess of	over \$1,500,000.		
1	Over \$17,000,000	\$1,000			400 000	
g h	Grassroots nontaxable amount (enter 2				103,298	0
i	Subtract line 1g from line 1a. If zero or	iess, enter -U			0	0
i	Subtract line 1f from line 1c. If zero or I	ess, enter -U			0	0
J	If there is an amount other than zero or	n eilner line In	or line 11, did the organiz	zation tile Form 4/2	V reporting	a. – .
	section 4911 tax for this year?				· · · · · · [/	Yes No
	(Some organizations that made Se	a section 501	aging Period Under sec (h) election do not have e instructions for lines	e to complete all c	of the five columns b	pelow.
	Lol	obying Expend	litures During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount		366,186	391,304	413,190	1,170,680
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,756,020
C	Total lobbying expenditures		363,000	356,000	411,456	1,130,456
d	Grassroots nontaxable amount	,	91,547	97,826	103,298	292,671
е	Grassroots ceiling amount (150% of line 2d, column (e))					439,007
f	Grassroots lobbying expenditures		40,700	41,000	73,328	155,028

Schedule C (Form 990 or 990-EZ) 2014

	(election under section 501(h)).	- 6	a)		(b)	
For of th	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity.	Yes	No	,	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a b	Volunteers?				Andrew Services	
d	Media advertisements?					
e f	Publications, or published or broadcast statements?					
g h i	Direct contact with legislators, their staffs, government officials, or a legislative body?					
j 2a	Total. Add lines 1c through 1i	75,1727(16 17,127(16 15,127(17)	192513			(
b	If "Yes," enter the amount of any tax incurred under section 4912			reng telauling dy tag	1,112,111,111	
d Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	c)(5).	or s	ectior	<u> </u>	
	501(c)(6).					
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?			2	Yes	No
Pari	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	c)(5).	or s	ection	, line	3, is
1 2	Dues, assessments and similar amounts from members	•	1			
a b	Current year	. [	2a 2b			
С 3 4	Total		2c 3			C
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	_	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			O
Part Provid 2 (see	Supplemental Information  e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group linestructions); and Part II-B, line 1. Also, complete this part for any additional information.	ist); P	art II-	A, lines	1 and	
<b>-</b> -	·					

Natio	nal Center for Lesbian Rights rm 990 or 990-EZ) 2014	94-3086885
Part IV	Supplemental Information (continued)	Page 4
	Supplemental information (continued)	
	<u>.</u>	
	•	
	••	
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	·	
••		
	•	

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

Supplemental Financial Statements

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

OMB No. 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Inspection Employer identification number

Nati	nal Center for Lesbian Rights		94-3086885
Pa	Organizations Maintaining Done	or Advised Funds or Other Similar F	unds or Accounts.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 6	5.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year).		11211
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dono	ors, and donor advisors in writing that grant	funds can be
	used only for charitable purposes and not for		
	purpose conferring impermissible private ben	efit?	Yes No
Pal			
SERVI		rored IV/cell to Ferms 000 Deut IV/ Bus 7	,
1	Dumano(a) of consent for a second health	ered "Yes" to Form 990, Part IV, line 7	•
'	Purpose(s) of conservation easements held b		
	Preservation of land for public use (e.g., recre	eation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space	, —	
2	Complete lines 2a through 2d if the organizati	ion held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.	est total a qualification total of total out	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation ease		
C	Number of conservation easements on a certi	ified historic structure included in (a)	2c
d	Number of conservation easements included	in (c) acquired after 8/17/06, and not on a	20
-	historic structure listed in the National Registe		. 2d
3	Number of conservation easements modified,	transferred released extinguished exterm	instead by the proprietion
_	during the tax year	transierred, released, extinguished, or term	imated by the organization
4	Number of states where property subject to co	enconvetion accoment is legated.	
5	Does the organization have a written policy re		handling of
v	violations, and enforcement of the conservation	egarding the periodic monitoring, inspection,	nandling of
6	Staff and volunteer house doubted to manifori	on easements it flows?	· · · · · · · · · · · · Yes No
v	Staff and volunteer hours devoted to monitorin	ig, inspecting, and enforcing conservation e	easements ouring the year
7		anastine and ofin	
•	Amount of expenses incurred in monitoring, in   \$\blacktriangle\$	ispecting, and enforcing conservation easer	nents during the year
8	·	Pr 0(4) -1	
0	Does each conservation easement reported o	in line 2(d) above satisfy the requirements o	f section
^	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization rep	orts conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the t	ext of the footnote to the organization's final	ncial statements that describes
Da-	the organization's accounting for conservation	easements.	
a Fell	Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answer	ered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under	SFAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other simil	lar assets held for public exhibition, education	on, or research in furtherance
	of public service, provide, in Part XIII, the text	of the footnote to its financial statements the	at describes these items
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its reven	us statement and balance sheet
	works of art, historical treasures, or other simil	lar assets held for public exhibition, education	on or research in furtherance
	of public service, provide the following amount	ts relating to these items:	on, or research in territoralice
	(i) Revenue included in Form 990, Part VIII, li	na 1	<b>.</b> ¢
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a	rt historical transuras or other similar annat	to for financial pain, provide the
-	following amounts required to be reported und	n, materical reasures, of other similar asset	is for imancial gain, provide the
а	Revenue included in Form 000. Dort VIII. line	16 OLAS 110 (ASC 936) (BIBLING TO THESE ITE	अगार्ड.
a b	Revenue included in Form 990, Part VIII, line Assets included in Form 990, Part X		· · · · · · • • •
	, 1000 to molucou in Londi 330, Falt A. ,	<u> </u>	<b>P</b> D

Sched	tule D (Form 990) 2014 National Center for Lesb	ian Rights				94-30868	385	Page 2
Par	till Organizations Maintaining Col	lections of Art, Hi	storical 1	reasures, c	or Other	Similar Asset	s (continue	d)
3	Using the organization's acquisition, access		s, check an	y of the follow	ing that a	re a significant		
	use of its collection items (check all that app	"'	<b>-</b>					
а	Public exhibition	q [	Loar	or exchange	programs	3		
b	Scholarly research	e	Othe	r				
С	Preservation for future generations							
4	Provide a description of the organization's c Part XIII.	ollections and explair	how they	further the org	janization	's exempt purpos	se in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than						Yes	No
Pari								<u> </u>
	Complete if the organization ans		m 990, Pa	art IV, line 9,	or repo	rted an amoun	t on Form	
1	990, Part X, line 21.	Since an address in tax		t-1C		4		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						☐ Yes ☐	No
b	If "Yes," explain the arrangement in Part XII						res	] 140
	in res, explain the attangement in ratt All	and complete me to	lowing tabl	<b>e</b> .		Ι Δ	mount	
c	Beginning balance				. 1c		iiiQuiit	0
d	Additions during the year				1d			
е	Distributions during the year							
f	Ending balance				1f			0
2a	Did the organization include an amount on F					nt liability?	☐ Yes ☐	1 No
								] 140
b	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	pianation i	as been prov	dea in Pa	IIIX TIE		<u> </u>
Part		1337 114 11			_			
	Complete if the organization ans			7			1	
4	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Prior year	(c) Two years	s back (	d) Three years back	(e) Four year	s back
1a	Beginning of year balance	0						
b	Contributions							
С	Net investment earnings, gains,							
a	and losses							
d	Grants or scholarships			1				
е	Other expenditures for facilities and programs							
f	Administrative expenses			<del> </del>	-			
	End of year balance	0						
g 2	Provide the estimated percentage of the cur		(line ta a		0	0	<u> </u>	0
a	Board designated or quasi-endowment	rent year end balance  ▶ %	time rg, c	olumn (a)) ne	id as.			
b	Permanent endowment	%						
c	Temporarily restricted endowment	· ² .						
-	The percentages in lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse		tion that ar	he had and ad	ministere	d for the		
	organization by:	oolon or the organiza	don diacar	o nota ana aa	iiiiiiio(CiC	a for the	Yes	No
	(i) unrelated organizations						3a(i)	1.0
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the						<del>  </del>	<del></del> .
Part				<i>-</i>		<del></del>		
	Complete if the organization answ		n 990. Pa	rt IV. line 11	la. See F	Form 990 Part	X. line 10	
	Description of property	(a) Cost or other basis		ost or other		cumulated	(d) Book valu	e
	=Passi of proporty	(investment)		is (other)		reciation	(a) DOOK VAIO	
1a	Land		0	0		ana and a second		0
b	Buildings		ō	0		0		
С	Leasehold improvements		0	25,497		14,027		11,470

0

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

49,222

d Equipment....

e Other. .

19,477

0

29,745

0

Part VII	Investments—Other Securiti Complete if the organization ar		n Part IV line 11h See Fo	rm 990 Part X line 12
(a) i	Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	valuation:
(1) Financial d	lerivatives	0		
(2) Closely-he	ld equity interests	0		
(3) Other				
(A)				
(B)				
<u>(C)</u>				·
(D)	· · · · · · · · · · · · · · · · · · ·			
(E)				
(F)				
( <u>G</u> )				
(H)				W. 1425
Direction of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of t	nust equal Form 990, Part X, col. (B) line 12.)	0	10. 10.1 10.0 10.0 10.0 10.0 10.0 10.0	
Part VIII	Investments—Program Relat Complete if the organization ar		0, Part IV, line 11c. See Fo	rm 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
			- War Co	***************************************
(7)				
(8)				
(9) Total (Column (b) m	ust equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization an	0 swered "Ves" to Form 99	N Part IV line 11d See For	m 000 Part Y line 16
		) Description	o, rareiv, mic riu. occiror	(b) Book value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)				
(9)	(1)			
	(b) must equal Form 990, Part X, col	. (B) line 15.)	<u> </u>	(
Part X	Other Liabilities. Complete if the organization an line 25.	swered "Yes" to Form 99	0, Part IV, line 11e or 11f. S	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal in		n		
(2) Deferred F		39,221		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	
	t equal Form 990, Part X, col. (B) line 25.)	39,221	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
2. Liability for un	certain tax positions. In Part XIII, provide	the text of the footnote to the	organization's financial statements	that reports the
organization's lia	ability for uncertain tax positions under F	N 48 (ASC 740). Check here if	the text of the footnote has been	provided in Part XIII

Part XI	Page
Total revenue, gains, and other support per audited financial statements	
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.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4a Add lines 4a and 4b.  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  5 Part XIII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  1 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  2 Donated services and use of facilities.  2 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 IX, line 7b.  4 Amounts included on Form 990, Part IX, line 25; but not on line 1:  a Investment expenses not included on Form 990, Part IX, line 7b.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part IX, line 7b.  4 Add lines 4a and 4b.  5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  5 Part XIII  Supplemental Information.	
a Net unrealized gains (losses) on investments . 2a -4,803 b Donated services and use of facilities . 2b 2,394,840 c Recoveries of prior year grants . 2c	7,508,97
b Donated services and use of facilities .	
c Recoveries of prior year grants d Other (Describe in Part XIII.) . 2d 2d 2d 2e 3 Subtract line 2e from line 1 . 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4b 4c 5 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities . 2a 2,394,840 b Prior year adjustments . 2b 5 5 5 5 Subtract line 2e from line 1 . 3 3 5 Subtract line 2e from line 1 . 3 5 5 5 5 Total expenses not included on Form 990, Part IX, line 25, but not on line 1 . 3 5 5 5 5 5 5 Part XIII Supplemental Information.	
c Recoveries of prior year grants d Other (Describe in Part XIII.) . 2d 2d 2d 2e 3 Subtract line 2e from line 1 . 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4b 4c 5 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities . 2a 2,394,840 b Prior year adjustments . 2b 5 5 5 5 Subtract line 2e from line 1 . 3 3 5 Subtract line 2e from line 1 . 3 5 5 5 5 Total expenses not included on Form 990, Part IX, line 25, but not on line 1 . 3 5 5 5 5 5 5 Part XIII Supplemental Information.	
Add lines 2a through 2d   2e	
Add lines 2a through 2d   2e	
Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.  Dother (Describe in Part XIII.).  C Add lines 4a and 4b.  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  2 Donated services and use of facilities.  3 Donated services and use of facilities.  2 Donated services and use of facilities.  3 Donated services and use of facilities.  4 Donated services and use of facilities.  4 Donated services and use of facilities.  5 Donated services and use of facilities.  4 Donated services and use of facilities.  4 Donated services and use of facilities.  5 Donated services and use of facilities.  4 Donated services and use of facilities.  5 Donated services and use of facilities.  5 Donated services and use of facilities.  5 Donated services and use of facilities.  5 Donated services and use of facilities.  5 D	2,390,03
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.)	5,118,94
b Other (Describe in Part XIII.)	
C Add lines 4a and 4b	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities.  Donated services and use of facilities.  Cother losses.  Cother losses.  Cother (Describe in Part XIII.).  End do lines 2a through 2d.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities.  Donated services and use of facilities.  Cother losses.  Cother losses.  Cother (Describe in Part XIII.).  End do lines 2a through 2d.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.	4
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	5,118,94
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Total expenses and losses per audited financial statements	
Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	7,658,639
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	2,394,840
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	5,263,799
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	(
Part XIII Supplemental Information.	5,263,799
	0,200,10.
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t X, line
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Schedule D (Form	990) 2014	National Center for Lesbian Rights	94-3086885 Page 5
Part XIII	Supple	emental Information (continued)	
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#### SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-E2) and its instructions is at www.irs.gov/form990.

Name of the organization					Employer identificati	ion number
National Center for Lesbian Rights					94-30	
Fundraising Activities. C Form 990-EZ filers are not				ered "Yes" to For	m 990, Part IV, lir	ne 17.
1 Indicate whether the organization ra				ng activities. Check	all that apply.	
a X Mail solicitations				of non-government g		
b X Internet and email solicitations	•	f 🔲 S	olicitation o	of government grants	s	
c X Phone solicitations		g X S	pecial fund	raising events		
d X In-person solicitations			•	ŭ		
2a Did the organization have a written	or oral agreemer	nt with any	individual	(including officers of	tirectors, trustees o	r
key employees listed in Form 990, F						X Yes No
b If "Yes," list the ten highest paid ind			-			draiser is
to be compensated at least \$5,000 l			,,	J		
		1				
(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of autions?	from activity	fundraiser listed in	(or retained by) organization
			. N.		col. (i)	-
1 Bing Consulting Services, Inc.	Fundraising	Yes	No			
3361 Mission St. San Francisco CA 94110			x	615,353	53,774	561,579
2 Leslie Ann Minot, 9724 Peacock	Grant Writing			010,000	00,714	301,370
Hill Circle, Las Vegas NV 89117	Assistance		X	o	10,230	0
3 Mal Warwick & Associates	Direct Mail					
2550 9th Street #103, Berkeley CA 94710	Fundraising		Х	173,544	161,883	11,661
4						
				0	0	0
5				o	o	0
6						<u> </u>
				0	0	0
7						
8				0	0	0
•				اه	o	0
9						<u></u>
				0	o	0
10						
				0	0	0
Fatal	•			700 007	225 227	570.040
Total		· · · ·	<u>., ▶  </u>	788,897	225,887	573,240
registration or licensing.	on is registered (	oriicensed	to solicit c	contributions or nas	peen notified it is ex	xempt from
AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL,	GA HI IA IN II	IN KS I	CY I A MA	MD ME MI MN	MO MS	
MT, NC, ND, NE, NH, NJ, NM, NV, NY, O	H. OK. OR. PA.	RI. SC. SI	D. TN. TX.	UT. VA. VT. WA. W	1. WV. WY	
						+
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		<b></b>				
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85000	edule G	Fundraising Events.		ization answered "Yes		
		more than \$15,000 of events with gross rece	•	•	come on Form 990-E2	Z, lines 1 and 6b. List
		eventa with gross rece	(a) Event #1 Annual Gala	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
m			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	615,353		0	615,353
ድ	2	Less: Contributions Gross income (line 1	448,533		0	448,533
		minus line 2)	166,820		0	166,820
	4	Cash prizes			0	0
	5	Noncash prizes			0	0
Jirect Expenses	6	Rent/facility costs	214,870		0	214,870
at Exp	7	Food and beverages	42,727	" '	0	42,727
Dire	8	Entertainment	12,000		0	12,000
	9	Other direct expenses			0	0
	10 11	Direct expense summary. Add Net income summary. Subtract				( 269,597) -102,777
₽€	r in	Gaming. Complete if t	he organization answe	ered "Yes" to Form 99	00, Part IV, line 19, or r	
		than \$15,000 on Form	990-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
쮼	1	Gross revenue				0
ses	2	Cash prizes				0
Expenses	3	Noncash prizes				0
Direct	4	Rent/facility costs				0
	_5	Other direct expenses				0
	6	Volunteer labor	Yes %	Yes %	Yes <u>%</u> No	
	7	Direct expense summary. Add	l lines 2 through 5 in colu	mn (d)		( 0)
	8	Net gaming income summary.	Subtract line 7 from line	1, column (d)	<b>&gt;</b>	0
9		nter the state(s) in which the org the organization licensed to co				. Yes No

b If "No," explain: 

b If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2014 National Center for Lesbian Rights	94-308	36885 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	🖂	Yes No
13	Indicate the percentage of gaming activity conducted in:		<del>1</del>
а	· · · · · · · · · · · · · · · · · · ·	13a	%
b	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 •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$ 0 and the amount of gaming revenue retained by the third party $\blacktriangleright$ \$ 0.		
С	If "Yes," enter name and address of the third party:		
	Name ▶		<del></del>
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$0		
	Description of services provided •		w
	□ Director/officer   □ Employee   □ Independent contractor		
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to	<b>-</b>	waa 🗀 wa
b	retain the state gaming license?		Yes No
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).		
	:		
<b></b> -			
<b></b>			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

OMB No. 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, X Yes Employer identification number 94-3086885 . . . . . . . . . . . . . . . . Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? . . General Information on Grants and Assistance Vational Center for Lesbian Rights

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Lambda Legal Defense and Education Fund. See Part IV	- 23-7395681	501(c)(3)	16,713	0	With the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second		Joint marriage private attorney cases
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	in 501(c)(3) and g	overnment organiza	ations listed in the line 1	table			
3 Enter total number of other organizations listed in the line 1 table.	organizations liste	d in the line 1 table				<b>A</b>	0
For Paperwork Reduction Act Notice, see the Instructions for	ice, see the Instruc	ctions for Form 990.				<b>"</b>	Schedule I (Form 990) (2014)

Page 2

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22, (e) Method of valuation (book, FMV, appraisal, other). Part I Line 2 We ourselves are members of the coalitions that we support with grants, so their activities are closely monitored. Part II Line 1 Lambda Legal Defense and Education Fund, Inc., 4221 Wilshire Boulevard, Suite 280, Los Angeles, CA 90010 (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance m ស ø

#### **SCHEDULE J** (Form 990)

Department of the Treasury

National Center for Lesbian Rights

Internal Revenue Service

Name of the organization

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.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

94-3086885

Ra	rt   Questions Regarding Compensation			
		F	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	70070000		
			(A. A. A. A. A. A. A. A. A. A. A. A. A. A	
		9.25		
	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 (e.g., maid, chauffeur, chef)	-0.00000000000000000000000000000000000		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	100 000 1400 110 000 1400		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	C. SERVER	171	
	explain	1b		
		7.7.5	Maria (ili	
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 in line			ļ
	1a?	2	(*,******	3/00/2000
3	Indicate which, if any, of the following the filing 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		10000000000000000000000000000000000000	
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract	1200 (2000) 1200 (2000)		
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee	23.42.03		
	- The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	5 75 75 75 75 75 75 75 75 75 75 75 75 75		
_	organization or a related organization:	700000000	id Acceptant	
a b	Receive a severance payment or change-of-control payment?	4a 4b		X
C	Participate in, or receive payment from, as suppliemental honduralined retirement plan?	40 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	**************************************	200/2010000 200/2010000
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	GANGE THE	100000000000000000000000000000000000000	
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.	G.,	100000000000000000000000000000000000000	
^	Francisco Pet 1' F 200 P 1980 P 4 P 4 P 4			
6	For persons listed in 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	KTARIK.	X
b	Any related diganization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	Formation Bata the Form COO D. (1981 O. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B. A. B.			4400000
′	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in 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
			New Trans	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

94-3086885

Schedule J (Form 990) 2014 National Center for Lesbian Rights

Parall 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 in 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 are not 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.

			M-SKIL JOJUNE Z-AA	wn of W-2 and/or 1099-MISC compensation				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Kate Kendell	(6)	215,000	0	0	4,300	28,492	247.792	0
1 Executive Director	(i)	0			0	0		
Shannon Minter	(3)	185,000	0	0	3,700	24,964	213,664	0
2 Legal Director	(E)	0	0	0	0	0		
Shannan Wilber	Θ	145,600	0	0	2,912	19,988	168,500	D
3 Youth Policy Director	(E)	0	0	0		0		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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15	<b>(E)</b>							
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16	(2)							

Schedule J (Form 990) 2014

### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

## Noncash Contributions

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Open To Public Inspection

National Center for Lesbian Rights

94-3086885

Employer identification number

Pa	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash c		terminin tion am	
1	Art-Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	1,235	98,010	FMV at the	time o	of dona	ition
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous	•						
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation		-					
	contribution—Other							
15	Real estate—Residential		10001					***
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		•					
25	Other ▶ ()							
26	Other ► ()							
27	Other ▶ ()							
28	Other ▶ (							
29	Number of Forms 8283 received by							
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	jement	29			0
							Yes	No
30a	During the year, did the organization					(12.1) (12.1) (12.1) (12.1)		
	28, that it must hold for at least three					MARKET STATE		Surfai
	to be used for exempt purposes for		holding period?			30a		Х
b	If "Yes," describe the arrangement					70.00000000000000000000000000000000000		
31	Does the organization have a gift a			ew of any non-standard			11.11.11.11.11.11	V
						31		Χ
32a	Does the organization hire or use to							
						32a	Χ	
d	If "Yes," describe in Part II.					2000 A 4000		
33	If the organization did not report an	amount in	column (c) for a type of prop	perty for which column (a) is		1,500 N S		
	checked, describe in Part II					1282838		45-120-14

Schedule M (F	om 990) (2014) National Center for Lesbian Rights	94-3086885	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, an	d 33, and wh	ether
	the organization is reporting in Part I solumn (b) the number of contributions the number	of itama room	dired.
	the organization is reporting in Part I, column (b), the number of contributions, the number	or items rece	eivea,
	or a combination of both. Also complete this part for any additional information.		
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### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047
2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number 94-3086885 National Center for Lesbian Rights Form 990, Part I, Line 1: Mission Statement: The National Center for Lesbian Rights (NCLR) is a legal resource center with a primary commitment to advancing the rights and safety of lesbians, gay men, bisexual, and transgender members of our community through a program of litigation, public policy advocacy, free legal advice and counseling, and public education. Form 990, Part III, Line 4a: Program Accomplishments Helped secure nationwide marriage equality by: serving as counsel in cases challenging marriage bans in ID, WY, UT, FL, TN, SD, and ND, and providing significant technical assistance in numerous other challenges; using these cases as public education tools; educating the community about the national implications and impact of Windsor v. U.S.; advocating with federal agencies to provide federal support to married same-sex couples regardless of where they live. 2. Worked to secure passage of federal and state antidiscrimination legislation protecting LGBT people; drafted blogs and talking points for colleague organizations on the dangers of an overly broad religious exemption to antidiscrimination protections. 3. Worked to eliminate transgender healthcare exclusions by building on our victory in early 2014 eliminating the exclusion for transgender healthcare in Medicare; filed additional cases challenging these exclusions in Medicaid and veterans benefits. With respect to the federal employee health plan program (FEHB), continued our administrative appeal on behalf of a transgender worker denied coverage for surgery, as well as the ACA Section 1557 complaint filed on her behalf with the Office of Civil Rights in order to try to abolish this exclusion in the FEHB program. 4. Strengthened protections for LGBT youth in schools throughout the United States by: successfully advocating on the school and district level for transgender students to be given access to sex-separated facilities; co-authoring a publication on serving the needs of transgender and gender-expansive youth in schools; continuing to advocate for clear policies

and legal guidance from federal and state agencies that enforce civil rights protections for

11. Challenged homophobia, biphobia, and transphobia in sports by: co-leading the national

LGBT Sports Coalition; improving conditions for high school transgender student athletes by

reame of the organization	Employer identification number
National Center for Lesbian Rights	94-3086885
working with state high school associations; working on individual sports discrimination	
cases, including assisting a young transgender soccer player and transgender collegiate;	
leading the women's pro sports group; assisting Women's National Basketball Association (WNBA	4)
players with a "Know Your Rights in Every State" guide for traveling pro; participating in a	
writing series that discusses the intersection of sports, race, and sexual orientation;	
leading two LGBT Sports Coalition projects— the "All 50" Project: Transgender Inclusive High	
School Sports and Activities Policy and Education Project, and the "Common Ground Religion	
Think Tank, Part II" (with the National Collegiate Athletic Association).	
12. Protected LGBT youth from so-called "conversion therapy" by: helping state legislatures	
and equality groups pass bills banning conversion therapy through creation of a legislative	····
toolkit and assistance in drafting, advocating for, and executing state laws that prohibit	
these practices; defending successful state laws against constitutional challenge;	
representing survivors in and out of court in holding conversion therapy practitioners	
accountable for the harm they cause; working with state and federal agencies to address	
conversion therapy through regulation and executive action; educating parents and the public	
about the dangers of these practices through the #BornPerfect website, workshops, and media	
outlets; and building a network of conversion therapy survivors empowered to speak about their	
stories to families, professionals who work with youth, and the media.	
13. Improved conditions for LGBT immigrants and their families by: advocating and	
collaborating with other LGBT national immigration organizations for the passage of federal	
immigration reform that includes LGBT families; assisting low income bi-national couples with	
petitions for their spouses; assisting and representing LGBT detainees; assisting past asylum	
clients with applications for employment authorization, permanent residence, and citizenship;	
continuing to assist Deferred Action for Childhood Arrivals (DACA) cases and U visa	
applications; representing 60 clients in affirmative and defensive asylum claims; and filing	
	·
14. Provided legal assistance, information and referrals to the public through over 2,000	
phone calls and correspondence received by our Legal Helpline. Topics we provided assistance	

Schedule O (Form 990 or 990-EZ) (2014)	Page 5
Name of the organization  National Center for Lesbian Rights	Employer identification number 94-3086885
on included: marriage and relationship recognition, adoption, legal parentage, child custody	
and support, discrimination in employment, housing and public accommodations, estate planning,	
public benefits, sexual and gender identity discrimination, school harassment and	
discrimination, name and gender changes, immigration and asylum, and conditions in prisons.	
Form 990, Part VI, Section B, Line 11b: Form 990 Review: An electronic copy of Form 990 is	
provided to the Board of Directors along with the annual audited financial statements. Account	·····
balances on the 990 are reviewed and compared to the audited financial statements for	
accuracy. Non-financial information on the 990 is also reviewed for correctness. The Board	
then votes to approve the Form 990 to be filed.	
Form 990, Part VI, Section B, Line 12c: Explanation of Monitoring and Enforcement of	
Conflicts: The Organization's conflict of interest policy covers transactions and	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
relationships of Board Members. The Executive Director and Finance Director monitor proposed	
or ongoing transactions for conflicts of interest and disclose them to the Board Co-Chairs in	
order to address potential or actual conflicts, whether discovered before or after the	
transaction has occurred. Depending on the nature of the conflict, the interested Board Member	
may be asked to recuse her/himself from relevant Board deliberation and voting, or in some	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
specific cases, may be asked to resign from the Board.	***************************************
Form 990, Part VI, Section B, Line 15a: Executive Compensation: The compensation of the	
Executive Director is reviewed and approved annually by the Board of Directors or Compensation	***************************************
Committee of the Organization. The compensation is reviewed and approved against comparative	***************************************
data for similarly qualified persons in functionally comparable positions at similarly	
situated organizations. The deliberations and decisions regarding the compensation arrangement	
is documented by the Organization. The Executive Director's compensation was last reviewed and	
approved in 2013.	
Form 990, Part VI, Section C, Line 19: Disclosure: The Organization's governing documents,	
conflict of interest policy, and financial statements are available to the public upon	***************************************
request. Also, a summary financial statement is included in the annual report.	

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

National Center for Lesbian Rights

Part

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

94-3086885

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	disregarded entity	Primar	(b) Primary activity Let	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Partil Identification of Related Tax-Exempt Organizations Complete one or more related tax-exempt organizations during the tax year.	Exempt Organizations du	Janizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had ns during the tax year.	e organization	answered "Yes" o	n Form 990, Pa	irt IV, line 34 be	cause it had
(a) Name, address, and EIN of related organization	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) Us Direct controlling (3))	- <del></del>
(1) National Center for Lesbian Rights Social Justice Fund 870 Market St., Suite 370, San Francisco, CA 94102 26-2	2887582	Advocate & Protect the rights of LGBT persons	CA	501(c)(4)		A/N	Xes ×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\rm HTA}$	ructions for Form 99	0.				Schedule	Schedule R (Form 990) 2014

Page 2

National Center for Lesbian Rights

Schedule R (Form 990) 2014

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. 94-3086885 Part III

(k) rral or Percentage aging ownership	ON							, Part	(i) Section 512(b)(13) controlled entity?	Yes No								Schedule R (Form 990) 2014
	Yes							n 990	(h) Percentage ownership				-					lule R
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								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.	(g) Share of Pe									Sched
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(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)								Trust (	(d) Direct controlling entity		٠							
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(d) Direct controlling entity								Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization ansv IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(c) Legal domicile (state or foreign country)									
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r Other transfer of cash or property to related organization(s)	
s Other transfer of cash or property from related proantzation(s)	11
2 If the answer to any of the above is "Yes," see the instructions for information on who mist complete this line including	1s
(a)	thresholds.
(c) Transaction Amount involved type (a-s)	(d) Method of determining amount involved

# 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.

Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d)  Predominant income (related,	(e) Are all partners section	(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate allocations?	Code V—UBI amount in box 20	(J) General or managing	(K) r Percentage g ownership
			from tax under sections 512-514)	organization	.85			(Form 1065)		
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Schedule R (Fo	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	National Center for Lesbian Rights	94-3086885	Page <b>5</b>
Part VII	Supplen	nental Information		······································
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