Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Open to Public

A	For th	ne 2018 caler	dar year, or tax year beginning 7/01 , 2018, and endir	Contract to the contract of the	A. A. D. P. L.		Inspection				
В	Check i	f applicable:	C , 2016, and endir	19 6/	30		, 2019				
	Ad	ldress change									
	Na	ime change	870 Market Street, Suite 370								
	linit	tial return	San Francisco, CA 94102		E Telepi						
	Fina	al return/terminated			(4)	.5) 3	65-1308				
	X Am	nended return					w e :				
	App	plication pending	F Name and address of principal officer: Tmapi Panent Conde	H(a) Is this	G Gross		0,001,230.				
			Same As C Above Imani Rupert-Gordon								
1	Tax-e	exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	H(b) Are all If "No."	attach a lis	t. (see in	d? Yes No				
J	Web	site: ht	tp://www.nclrights.org/	IV-> 0	42						
K		of organization:	X Corporation Trust Association Other L Year of formati	H(c) Group	CHERTINES TON IN	SCHOOLSONIC IN I					
P	art I	Summar	Tean of Formati	27 HILL COMESSION WAS	O IM	State of I	egal domicile: CA				
	1	Briefly descri	be the organization's mission or most significant activities: See Scheo								
d			see sched	iule_0							
שנו											
Activities & Governance	2 7	<u></u>									
Go	3 1	Check this bo		re than 2	5% of its	net as:	sets.				
00	4 1	Number of inc	ting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b).			3	14				
ties	5 T	otal Hulline	Utilitially liquid and liquid and an employed in calendar year 2019 (Part VI line 20)			4	13				
<u>\</u>	6 T	Ster Hollinge	of volunteers resultate if thereessary			5	38				
Ac		ordi dili cidic	d business revenue from Part VIII collimn (C) line 19			6 7a	216				
	bN	let unrelated	business taxable income from Form 990-T, line 38		EXTENSE	7b	0.				
				D.	ior Year	7.5	0. Current Year				
e	8 0	Contributions	and grants (Part VIII, line 1h)		,310,0	16	5,569,631.				
Revenue	9 1	rogram servi	ce revenue (Part VIII, line 2g)		293,2		162,044.				
	10 11	ivestment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)			51.	5,060.				
	12 T	otal revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,4		-26,759.				
-	13 G	rants and sin	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,	,608,4	60.	5,709,976.				
	14 B	enefits and sin	nilar amounts paid (Part IX, column (A), lines 1-3).				121,000.				
	15 S	alaries other	o or for members (Part IX, column (A), line 4)								
es	16 a D	rofossional f	compensation, employee benefits (Part IX, column (A), lines 5-10)	3,279,412.			3,258,817.				
ens	IOA F	rolessional Tu	indraising fees (Part IX, column (A), line 11e).		169,9	45.	208,010.				
Expenses	b 10	otal fundraisii	ng expenses (Part IX, column (D), line 25) ► 1,138,376.				MERCHANISM CONTRACTOR				
	17 0	ther expense	s (Part IX, column (A), lines 11a-11d, 11f-24e).	2.	215,1	33	2,063,543.				
	18 10	otal expenses	. Add lines 13-17 (must equal Part IX, column (A) line 25)		664,4		5,651,370.				
- 40	19 R	evenue less e	expenses. Subtract line 18 from line 12.		-56,0		58,606.				
s or					of Current		End of Year				
seet 3ala	20 To	otal assets (P	art X, line 16)		489,9		1,932,542.				
et Ase	21	Mai naviilles	(rart X, line 26)		481,43		837,786.				
P.S.	22 Ne	et assets or fi	und balances. Subtract line 21 from line 20		008,55		1,094,756.				
		Signature									
Jnder comp	penalties ete. Decla	of perjury, I declaration of prepare	ire that I have examined this return, including accompanying schedules and statements, and to the (other than officer) is based on all information of which preparer has any knowledge.	best of my i	knowledge a	nd belief,	it is true, correct, and				
		L (/)	100 cus 1 2 6 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			100000000000000000000000000000000000000					
Sig		Signature	of officer		1/27/	202					
der			Democratic Constitution	Date							
101	C	Type or pri	Rupert-Gordon	Execut	ive D	irect	or				
		Print/Type prep	granic gama								
2-:	1	260 17 12	V Date	CI CI	heck	if PT	IN				
Paid	parer	Firm's name	. Cook, CPA/MPA Dougles E. Cook, CPA/MPA 1/25/2	se se	If-employed	PO	1521705				
Jse	Only	Firm's name Firm's address	Cook & Company, A Pof. Actncy. Corp.								
		riiii s address	388 Market Street, Suite 1300	Fir	rm's EIN 🟲	47-26	26541				
lav	the IDC	discuss this	San Francisco, CA 94111	Ph	none no. 4	15-62	1-1112				
TAA	ale INS	uiscuss tris	return with the preparer shown above? (see instructions)	era era era a	CENTRAL STA	awara s	X Yes No				

Par	t III	Statement of Program Service Accomplishments	
			Χ
1	-	y describe the organization's mission:	
	See	Schedule O	
2		e organization undertake any significant program services during the year which were not listed on the prior	
		990 or 990-EZ?)
		s," describe these new services on Schedule O.	
3		ne organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No)
		s," describe these changes on Schedule O.	
4	Descr Section	ibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, evenue, if any, for each program service reported.	
	and re	evenue, if any, for each program service reported.	
4 a	(Code	e:) (Expenses \$ 2,299,117. including grants of \$ 121,000.) (Revenue \$ 162,044.)	.)
	Lit	igate anti-discrimination cases in state and federal courts; monitoring Requests	
	for	Information and Notices of Proposed Rulemaking for rollbacks in LGBT protections	
	and	mobilizing the community of file comments in opposition; seeking meetings with	
		erral agency officials who are receptive to engaging around LGBT nondiscriminatio	n –
		identify areas on common ground and opportunities for progress; participate in	
		ional working groups to defeat anticipated proposed hostile anti-LGBT legislation	
	in	state legislatures nationwide, including efforts to pass "religious freedom toration acts," so-called "First Amendment defense acts," and other overly broad	
	res	toration acts," so-called "First Amendment defense acts," and other overly broad	
	rel	igious exemptions to antidiscrimination protections, including legislation that	
		ld permit child welfare agencies to discriminate against LGBT people based on	
		igious chications	
		igious objections.	
4h	(Code	::) (Expenses \$ 577,337. including grants of \$) (Revenue \$)
7.0		mote the health and well-being of LGBT youth in child welfare and juvenile justic	_′
		tems by: Partnering with the Center for Juvenile Justice Reform at Georgetown to	
		elop a national certificate program on supporting LGBTQ youth in public systems o	
		e; developing legislation in California to ensure that foster youth have access t	
		petent transition-related care; drafting a chapter on representing children in	
		endency proceedings for a manual issued by the National Association of Counsel followers; working with the Center for Children's Law and Policy to develop a model	± _
		icy governing housing of transgender youth in secure settings; and working in 5	
	Jur.	isdictions to implement SOGIE data collection protocols.	
_	/Ol -	VEnezura C. OAC OOF including analysis C.	_
4 c	(Code		_)
		ance reproductive justice (RJ) and foster collaboration between the LGBTQ and RJ	
		ements by: participating and leading intra- and extra-movement conversations abou	<u>t</u> _
		intersection between LGBTQ and RJ work; working within the RJ community to	
		mote trans-inclusive messaging; supporting the EACH Woman Act, prohibiting states	
		m restricting insurance coverage of abortion; writing articles and presenting	
		ut the impact of religious liberty on LGBTQ rights and access to reproductive	
		lth care; co-developing guidelines for providers around best practices for servin	
		ns patients of color; providing technical assistance to state-based organizations	
	on 1	non- discrimination in the Affordable Care Act.	
4 d		program services (Describe in Schedule O.) See Schedule O	
	(Expe		
4 e	Total	program service expenses > 3,856,905.	

			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	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	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 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 endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Χ
С	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		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 reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	

Form 990 (2018) National Center for Lesbian Rights

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	X	
24	a 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary 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		
25	a 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? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	X	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	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	· L
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
D A	(gambling) winnings to prize winners?	1 c		(2010)
BA/	1 CENTURE GOIGGITO	LOUL	77U ((2018)

Form 990 (2018) National Center for Lesbian Rights

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 38			
ŀ	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
k	off 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0.</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	of '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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
k	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	of Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	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 and			
č	services provided to the payor?	7 a	Χ	
k	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Χ	
(: Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			.,
	Form 8282?	7 c		Х
	I If 'Yes,' indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		X
	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
k	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		X
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
-	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
c	Note. See the instructions for additional information the organization must report on Schedule O.	ısa		
ŀ				
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	of Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14a		- 21
		14D		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2018) National Center for Lesbian Rights 94-3086885 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Χ 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 person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a Χ **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done..... 12c 13 Did the organization have a written whistleblower policy?..... 13 X Χ 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0..... 15a Χ **b** Other officers or key employees of the organization..... 15 b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

San Francisco CA 94102 (415)

392-6257

Stacy Del Monte 870 Market Street, Suite 370

	Form 990 (2018)	National	Center	for	Lesbian	Rights
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94-3086885

Page 7

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title	(B) Average hours	thar	n one s both	box, an c	not check more x, unless person n officer and a or/trustee)			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Emily Doskow, Co-Chair & Director	<u> 4</u> 0	Х		Х				0.	0.	0.
(2) Nancy Geimer, Dir. & Treasurer	4 0	Х		X				0.	0.	0.
(3) Arlette Smith, Dir. & Secretary	4 0	X		X				0.	0.	0.
(4) Felicia Medina, Co-Chair & Director	4	Х		Х				0.	0.	0.
(5) Aubrey Hone Director	2	Х						0.	0.	0.
(6) Adetunji Olude Director	20	Х						0.	0.	0.
(7) Olga Talamante Director	20	Х						0.	0.	0.
(8) Elizabeth Kim Director	2	Х						0.	0.	0.
(9) Fresh Lev White Director	2	Х						0.	0.	0.
(10) Leah Nutting Director	2	Х						0.	0.	0.
(11) Therese Lee Director	20	Х						0.	0.	0.
(12) Dom Brassey Director	2	Х						0.	0.	0.
(13) Rosio Alvarez Director	2	Х						0.	0.	0.
(14) Cindy Myers, Interim Executive Dir.	$-\frac{40}{0}$			Х				9,583.	0.	1,054.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(B) (C)											
Average hours per week	box, unless persofficer and a dir					h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	unt of o	ther
(list any hours for related organiza tions below dotted	Individual trustee or director	Institutional trusti	Officer	Key employee	Highest compensi employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	or	rom the ganization nd relate	on ed
line)		8			ated						
<u> 40</u> _ 0			Х				288,374.	0.		37,	647.
$-\frac{40}{0}$				Х			202,845.	0.		25,	589.
$-\frac{40}{0}$					Х		138,967.	0.		22,	936.
<u> 40</u> _					Х		122,974.	0.		16,8	803.
<u> 40</u> _					Х		122,624.	0.		14,	489.
							885,367.	0.		18,	518.
						•	0.	0.		10	0.
						ved					518.
1 10 111056 1	isteu	abuv	/e) v	VIIO	recer	veu	more man \$100,00	o of reportable com	Jensand	11	
										Yes	No
ch individu	ıal								. 3		Х
									. 4	X	
e comper s,' comple	satio	n fro	om i	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	individual	. 5		Х
sated ind	enen	dent		ntra	rtors	tha	at received more th	nan \$100 000 of			
sation for	the ca	alen	dar	year	endi	ng v	vith or within the or	ganization's tax yea			
(A) Name and business address						Description of	of services	Comp	C) ensatio	on	
	ited to	o tho	se I	isted	d abo	ve)	who received more	than			
	Average hours per week (list any hours for related organiza tions below dotted line) - 40	Average hours per week (list any hours for related organiza - tions below dotted line) - 40	Average hours per week (list any hours for related organiza - tions below dotted line) - 40	Average hours per week (list any hours for related organiza - tions below dotted line) - 40	Average hours per week (list any hours for related organiza - tions below dotted line) -40	Average hours per week (list any hours for related organiza - tions below dotted line)	Average hours per week (list any hours for related organiza - tions below dotted line)	Average hours per week (list any) per week (list any) hours related organization from the organization organization from the organization organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending with or within the organization from the calendar year ending t	(B) Average hours burn on a compensation from the property of the composition of the compensation from the com	(b) Average plans and a director/fusite per plans and a director/fusite per plans per plans and a director/fusite per plans per plans and a director/fusite p	Compensation from any unrelated organization or individual Compensation from example of the com

		Check if Schedule O contains a response or note to ar	iy line in this Part V	TIL		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns				
풀	q	Noncash contributions included in lines 1a-1f: \$ 251,169.	-			
and and	h	Total. Add lines 1a-1f	5,569,631.			
		Business Code				
Program Service Revenue	2a b	Program Revenue	162,044.	162,044.		
<u>S</u> .	C					
Š	a	' 				
ran	f	All other program service revenue				
S.		Total. Add lines 2a-2f	162,044.			
- India	3	Investment income (including dividends, interest and other similar amounts)	5,060.			5,060.
	4	Income from investment of tax-exempt bond proceeds >				
	5	Royalties				
	_	(i) Real (ii) Personal	-			
		Gross rents Less: rental expenses	_			
		Rental income or (loss)	-			
		Net rental income or (loss)				
		(i) Securities (ii) Other				
	/ a	Gross amount from sales of assets other than inventory	-			
	b	Less: cost or other basis and sales expenses				
		Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including \$ 355,851. of contributions reported on line 1c).				
<u> </u>	L	See Part IV, line 18	-			
¥		Less: direct expenses b 291,317. Net income or (loss) from fundraising events	-41,960.			-41,960.
O		Gross income from gaming activities. See Part IV, line 19	-41,900.			-41,960.
	b	Less: direct expenses				
		. , , ,				
		Gross sales of inventory, less returns and allowances	-			
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11 a	Miscellaneous	15,201.			15,201.
	b					
	С					
		All other revenue				
		Total. Add lines 11a-11d	13,201.	100 000		0.1
	12	Total revenue. See instructions	5,709,976.	162,044.	0.	-21,699.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a r				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	110,000.	110,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	11,000.	11,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	587,252.	533,026.	18,075.	36,151.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	-	2,045,836.	1,592,439.	191,460.	261,937.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,013,030.	1,332,103.	1317100.	2017337.
9	Other employee benefits	433,987.	343,239.	37,966.	52,782.
10	Payroll taxes	191,742.	154,140.	15,694.	21,908.
11	Fees for services (non-employees):				•
á	Management				
ŀ) Legal				
(Accounting	45,371.		45,371.	
(d Lobbying				
6	Professional fundraising services. See Part IV, line 17	208,010.			208,010.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	396,559.	133,034.	198,450.	65,075.
12	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	147,758.	4,986.	130, 130.	142,772.
13	- ·	125,326.	79,488.	21,516.	24,322.
14	Information technology	176,952.	82,330.	9,385.	85,237.
15	Royalties	17073021	02,000.	3,000.	00/207:
16	Occupancy	320,327.	263,125.	23,661.	33,541.
17	Travel	258,162.	220,368.	4,007.	33,787.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	200,202	220,000	2,0011	
19	Conferences, conventions, and meetings	167,129.	38,767.	1,290.	127,072.
20	Interest		307.011	_/	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,918.	9,593.	962.	1,363.
	Insurance	58,630.	46,796.	4,842.	6,992.
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.)				
â	Miscellaneous expenses	115,396.	69,611.	39,520.	6,265.
	Books, dues & publications	108,694.	105,742.	1,564.	1,388.
	Bank fees & merchant charges	62,901.	3,263.	31,206.	28,432.
	Case expenses	38,909.	38,909.		
6	All other expenses	29,511.	17,049.	11,120.	1,342.
25	Total functional expenses. Add lines 1 through 24e	5,651,370.	3,856,905.	656,089.	1,138,376.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720).				

Form 990 (2018) National Center for Lesbian Rights

Part X Balance Sheet 94-3086885

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			322,932.	1	189,907.
	2	Savings and temporary cash investments				2	1,147,344.
	3	Pledges and grants receivable, net			827,744.	3	
	4	Accounts receivable, net			46,925.	4	39,768.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated et Part II of Schedule L	. Complete		5		
	6	Loans and other receivables from other disqualified posetion 4958(f)(1)), persons described in section 4958(c)(comployers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a: 3)(B), and (9) volunta Part II o	s defined under contributing ary employees' f Schedule L		6	
\$	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			39,530.	9	130,067.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	115 230	·		·
	b	Less: accumulated depreciation	10 b	103,092.	21,284.	10 c	12,138.
		Investments — publicly traded securities			200,120.	11	412,993.
	12	Investments – other securities. See Part IV, line 11			200/2201	12	112/0001
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets	_		14	325.	
	15	Other assets. See Part IV, line 11		_	31,427.	15	0201
	16	Total assets. Add lines 1 through 15 (must equal line		L	1,489,962.	16	1,932,542.
	17	Accounts payable and accrued expenses	424,814.	17	488,283.		
	18	Grants payable	,	18	100,000.		
	19	Deferred revenue	1,872.	19	·		
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I	V of Sche	edule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, direct d disqualit	ors, trustees, fied persons.		22	
Ĭ	22	Secured mortgages and notes payable to unrelated th		⊢		23	240 502
	23 24	Unsecured notes and loans payable to unrelated third		L		24	249,503.
	25					24	
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		L	54,725.	25 26	027 706
-	26	Total liabilities. Add lines 17 through 25			481,411.	20	837,786.
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	_	_			
a	27	Unrestricted net assets		_	-85,447.	27	166,367.
Ba	28	Temporarily restricted net assets.	1,093,998.	28	928,389.		
ק	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or equipment				31	
As	32	Retained earnings, endowment, accumulated income,	or other	funds		32	
ē	33	Total net assets or fund balances		1,008,551.	33	1,094,756.	
_	34	Total liabilities and net assets/fund balances			1,489,962.	34	1,932,542.

Form **990** (2018) BAA TEEA0111L 08/03/18

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,7	09,9	976.
2	Total expenses (must equal Part IX, column (A), line 25).	2	5,6	51,3	370.
3	Revenue less expenses. Subtract line 2 from line 1	3		58,6	506.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,0	08,5	551.
5	Net unrealized gains (losses) on investments.	5			598.
6	Donated services and use of facilities	6		•	
7	Investment expenses	7			
8	Prior period adjustments	8			1.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1 0	91	756.
Pa	rt XII Financial Statements and Reporting		1,0	J=,	50.
	. 5				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	INO
'			-		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
	b Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	te			
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a 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?		За		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
BAA	TEEA0112L 08/03/18		Form	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name o	Name of the organization Employer identification number										
	ional Center for Lesk					94-308688					
	Reason for Public Cha		<u> </u>			<u>'</u>	tions.				
The o	rganization is not a private found	,			-	•					
1	γ σται στη σται στη σται στος στα σεσοσατίστε στο σται στος στος σται στος σται στος σται στος σται στος σται σ										
2	A school described in section 1	1 70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ)).)						
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	4 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											
6											
7											
8	A community trust described	•	A)(vi). (Complete Part I	l.)							
9	An agricultural research organi			-	oniunctio	on with a land-grant coll	eae				
	or university or a non-land-grain university:										
10	An organization that normally r from activities related to its a investment income and unre June 30, 1975. See section!	exempt functions—sub lated business taxable	e income (less section	ns, and	(2) no i	more than 33-1/3% of	its support from gross				
11	An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).					
12	An organization organized an or more publicly supported o	nd operated exclusive	ely for the benefit of, to	perform	the fun	octions of, or to carry o	out the purposes of one				
	lines 12a through 12d that de	escribes the type of s	upporting organization	and con	iplete lii	nes 12e, 12f, and 12g.					
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect A and B.	d, or controlled by its sup a majority of the director	ported or s or trus	rganizat tees of t	ion(s), typically by giving the supporting organizat	g the supported ion. You must				
b	Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). You				
С	Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, ar	nd function	onally integrated with, its	supported				
d	Type III non-functionally integrated. The control of the control o	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(s	s) that is not requirement (see				
е	instructions). You must com Check this box if the organiz	plete Part IV, Section	s A and D, and Part V.								
	integrated, or Type III non-fu	inctionally integrated	supporting organization	١.							
	Enter the number of supported	•									
	Provide the following informatio										
(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

Schedule A (Form 990 or 990-EZ) 2018 National Center for Lesbian Rights 94-3086885 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support		, p		,		
Cale	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	5,073,033.	7,604,485.	4,510,153.	5,310,016.	5,569,631.	28,067,318.
	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 furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	5,073,033.	7,604,485.	4,510,153.	5,310,016.	5,569,631.	28,067,318.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,355,611.
6	Public support. Subtract line 5 from line 4						24,711,707.
Sec	tion B. Total Support	ı			ı	ı	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	5,073,033.	7,604,485.	4,510,153.	5,310,016.	5,569,631.	28,067,318.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,986.	8,046.	19,659.	751.	5,060.	61,502.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2.7,3331	- 0,0101	25,005	7.621	5,000	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.	26,777.	11,609.	254.	4,452.	15,201.	58,293.
11	Total support. Add lines 7 through 10						28,187,113.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	2,032,164.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	018 (line 6, colum	n (f) divided by lir	ne 11, column (f))	l 	14	87.67%
15	Public support percentage from	2017 Schedule A,	Part II, line 14				80.41 %
16a	33-1/3% support test—2018. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b plicly supported o	ox on line 13, an rganization	d line 14 is 33-1/3	3% or more, checl	k this box
b	33-1/3% support test—2017. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, (check this box
1 7 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Par	t VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Parted organization.	t VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in:	structions

94-3086885

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (c) 2016 Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')... 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. Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf... The value of services or facilities furnished by a governmental unit to the organization without charge . . **Total.** Add lines 1 through 5... Amounts included on lines 1, 2, and 3 received from disqualified persons. . **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year..... c Add lines 7a and 7b..... Public support. (Subtract line 7c from line 6.). Section B. Total Support (f) Total (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 Calendar year (or fiscal year beginning in) 9 Amounts from line 6..... 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b . . . Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9. 10c, 11, and 12.). First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))...... 양 15 16 Public support percentage from 2017 Schedule A, Part III, line 15..... % 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))...... 17 % 18 Investment income percentage from 2017 Schedule A, Part III, line 17....... 19a 33-1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization...... b 33-1/3% support tests -2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	: 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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
1 0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Par	t IV	Supporting Organizations (continued)					
11	المماا	the experimentary appropriate an exist our constribution from any of the following mayors 2		Yes	No		
		he organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the					
-	gover	rning body of a supported organization?	11a				
b	A fam	nily member of a person described in (a) above?	11b				
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c				
Sect	tion E	B. Type I Supporting Organizations					
1	Did th	directors, trustees, or memberable of one or more cupported organizations have the negative to regularly ennoint		Yes	No		
'	or election of the direct	le directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in III how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year.	1				
2							
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2				
Sect	tion (C. Type II Supporting Organizations					
				Yes	No		
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
Sect	tion [D. All Type III Supporting Organizations					
				Yes	No		
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax					
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?						
2	Were	/ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
	the or	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s).	2				
3	voice	in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played					
		s regard.	3				
Sect	tion E	E. Type III Functionally Integrated Supporting Organizations					
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а	Т	the organization satisfied the Activities Test. Complete line 2 below.					
b	Пπ	the organization is the parent of each of its supported organizations. Complete line 3 below.					
С	Т	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions)			
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No		
а	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted					
		tantially all of its activities.	2a				
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the	01				
	organ	nization's involvement.	2b				
		nt of Supported Organizations. Answer (a) and (b) below.					
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a				
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b				

I al	t v Type in Non-1 unchonally integrated 303(a)(3) Supporting Orga	IIIZa	.10113	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
-	Total (add lines 1a, 1b, and 1c)	1d		
6	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2018

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

National Center for Lesbian Rights

94-3086885

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source			2018	 2017	 2016	 2015	 2014
Other Income	Total	\$ \$	15,201. 15,201.	 4,452. 4,452.	\$ 254. 254.	\$ 11,609. 11,609.	\$ 26,777. 26,777.

Additional Explanation of Other Income

From time to time, miscellanous amounts are received during the course of performing the organization's tax-exempt function.

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 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

	xy Tax) (see separate instruction 501(c)(4), (5), or (6) or	tions), then organizations: Complete Part III.	(300 Sopurate institut		1 are 1, iiii 333
		Center for Lesbian Rights		Employer identifica	
Dat	t I A Complete if the o	rganization is exempt under section	on 501(a) or ic a	94-308688	
		organization is exempt under section organization organiz	* *	•	2411011.
ı		organization's direct and indirect political to on of 'political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures (see instructions)		▶\$	
		campaign activities (see instructions)			
		rganization is exempt under section			
1		sise tax incurred by the organization under			
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	▶\$	0
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
		rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities > \$	
2	Enter the amount of the filin 527 exempt function activities	g organization's funds contributed to other	organizations for sec	etion ▶\$	
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a se received that were promptly and directly delal action committee (PAC). If additional spanning	mount paid from the ivered to a separate po	filing organization's fun olitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if section 501(the organization	is exempt under sec		filed Form 5768 (el	ection under				
A Check ► if the filin	g organization belongs	to an affiliated group (and	list in Part IV each affilia	ated group member's name) ,				
address, EIN, expenses, and share of excess lobbying expenditures).									
B Check ► if the filing	ng organization checl	ked box A and 'limited co	ntrol' provisions apply.						
(The term	Limits on Lobbyii 'expenditures' mean	ng Expenditures is amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a Total lobbying expendite	·			962.					
b Total lobbying expendition				20,739.					
c Total lobbying expenditi	•	·		21,701.	0.				
d Other exempt purpose of	•			5,629,669.					
e Total exempt purpose e				5,651,370.	0.				
f Lobbying nontaxable an both columns		unt from the following tab		432,569.					
If the amount on line 1e, col	umn (a) or (b) is:	he lobbying nontaxable	amount is:						
Not over \$500,000		0% of the amount on line 1e.							
Over \$500,000 but not over \$1		100,000 plus 15% of the excess							
Over \$1,000,000 but not over \$		175,000 plus 10% of the excess							
Over \$1,500,000 but not over \$		225,000 plus 5% of the excess of	over \$1,500,000.						
over \$17,000,000 • Grassroots nontaxable a		1,000,000.		100 140					
h Subtract line 1g from lin	,	•		108,142.	0.				
i Subtract line 1f from lin				0.	0.				
i If there is an amount other	er than zero on either li		anization file Form 4720	reporting					
		-Year Averaging Period U							
(Som		made a section 501(h) el ow. See the separate inst							
	Lobby	ing Expenditures During	4-Year Averaging Peri	od					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total				
2a Lobbying nontaxable amount	696,901	. 393,064.	355,037.	432,569.	1,877,571.				
b Lobbying ceiling amount (150% of line 2a, column (e))					2,816,357.				
c Total lobbying expenditures	571,323	. 27,893.	20,311.	21,701.	641,228.				
d Grassroots nontaxable amount	174,225	. 98,266.	88,759.	108,142.	469,392.				
e Grassroots ceiling amount (150% of line 2d, column (e))					704,088.				
f Grassroots lobbying expenditures	79,564	. 154.	42.	962.	80,722.				
BAA				Schedule C (Forn	n 990 or 990-EZ) 2018				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(election under section 501(n)).	1 ,			-		
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a) 	(b)			
of the lobbying activity.	Yes	No		Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a Volunteers?	-					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	1					
c Media advertisements?						
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
j Total. Add lines 1c through 1i						
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If 'Yes,' enter the amount of any tax incurred under section 4912						
${f c}$ If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or				
					Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501				on 50)1(c)	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	ill-A,	line	3, is	, (0)	
1 Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
a Current year		2 a				
b Carryover from last year		2b				
c Total		2 c				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5 Taxable amount of lobbying and political expenditures (see instructions)		5				
- canadia ampaire or roodying and portion exponential of (500 mondetions)		-				

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number National Center for Lesbian Rights 94-3086885 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year) Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?..... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Nο **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a b Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register...... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

▶\$

Part III Organizations Maintaining Colle	ections of Art, HISTO	ricai i reasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check ar	ny of the following that are	e a significant use of its	collection
a Public exhibition	d Loan o	or exchange programs		
b Scholarly research	e Other			
c Preservation for future generations	_			
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's	exempt purpose in	
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection?		Yes No
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	nents. Complete if the Form 990, Part X,	ne organization ans line 21.	wered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or othe	r assets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII			L	
				Amount
c Beginning balance			1с	
d Additions during the year			1 d	
e Distributions during the year				
f Ending balance				
2a Did the organization include an amount on Fo			, L	Yes No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provided	d on Part XIII	
Part V Endowment Funds. Complete if	T T			
(a) Curren	t year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance				
b Contributions				
c Net investment earnings, gains,				
and losses d Grants or scholarships				
· · · · · · · · · · · · · · · · · · ·				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the curre	ent year end balance (lin	e 1g, column (a)) held a	is:	
a Board designated or quasi-endowment	%			
b Permanent endowment ►				
c Temporarily restricted endowment	%			
The percentages on lines 2a, 2b, and 2c should of	equal 100%.			
3 a Are there endowment funds not in the possession	n of the organization that a	re held and administered	for the	Yes No
organization by: (i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' on line 3a(ii), are the related organization				3b
4 Describe in Part XIII the intended uses of the	·			. 30
Part VI Land, Buildings, and Equipmen				
Complete if the organization ans		n 990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		25,497.	25,497.	0.
d Equipment		89,733.	77,595.	12,138.
e Other				,
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, o	column (B), line 10c.)		12,138.
ΒΔΔ			Schod	ule D (Form 990) 2018

Schedule D (Form 990) 2018

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
A)			
B)			
C)			
D)			
E)			
F)			
G) 			
H) 			
(l) 			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🕨		27.62	
Part VIII Investments – Program Related. Complete if the organization answered	L'Yes' on Form 990	N/A N Part IV line 11c See Form	990 Part X line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1)	(a) Book raido	(3)	ia or your marrier value
(2)			
(3)			
(4)			
(5)			
(6)			
(0)			
(7)			
(7) (8)			
(8)			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	Dart IV line 11d See Form	000 Part V lina 1
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered	N/A I 'Yes' on Form 990), Part IV, line 11d. See Form	
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De	N/A), Part IV, line 11d. See Form	990, Part X, line 1
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De	N/A I 'Yes' on Form 990), Part IV, line 11d. See Form	
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(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (column (colu	N/A I 'Yes' on Form 990 scription B) line 15.)), Part IV, line 11d. See Form	(b) Book value
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(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (Part X) Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	N/A I 'Yes' on Form 990 scription B) line 15.)), Part IV, line 11d. See Form	(b) Book value
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (Part X) Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	N/A I 'Yes' on Form 990 scription B) line 15.)), Part IV, line 11d. See Form	(b) Book value

BAA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	6,834,271.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	1,124,295.
3 Subtract line 2e from line 1.	3	5,709,976.
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		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,709,976.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	6,748,067.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	1,096,697.
3 Subtract line 2e from line 1.	3	5,651,370.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIII.) 4b	-	
c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4 c	E CE1 270
J Total expenses. Add intes J and 🖦 (This must equal Form 330, Fait I, line 10.)	J J	5,651,370.

Part XIII | Supplemental Information.

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

BAA Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

National Center for Lesbian Rights

Employer identification number 94-3086885

Part I Fundraising Activities. Comple Form 990-EZ filers are not re				on Form 990, Part IV, line	2 17.	
 1 Indicate whether the organization a X Mail solicitations b X Internet and email solicitations c X Phone solicitations 		rough any	e f	owing activities. Check X Solicitation of non-X Solicitation of gove X Special fundraising	government grants rnment grants	
d X In-person solicitations						
 2 a Did the organization have a written of employees listed in Form 990, Particle b If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the 	rt VII) or entity dividuals or enti	in connéc ^e ities (fund	tion with p	rofessional fundraising	services?	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		fundraiser dy or control ributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
K2D Strategies		Yes	No			
1 5800 9th Rd. Suite 100 Arlington VA 22205	Direct Mail		Х	1,761,445.	99,477.	1,661,968.
Bing Consulting, LLC. 2 3361 Mission Street San Francisco CA 94110	Gala Event Coordinati on		Х	487,525.	90,000.	397,525.
Leslie Ann Minot 3 9724 Peacock Hill Circle Las Vegas NV 89117	Grant writing/re porting		Х		18,533.	
4						
5						
6						
7						
8						
9						
10						
Total				2,248,970.	208,010.	2,059,493.
3 List all states in which the organization licensing. AL AK AR CA CO CT FL OPA RI SC TN UT VA WA NA	GA HI IL K			ontributions or has been	notified it is exempt from	registration

Schedule G (Form 990 or 990-EZ) 2018 National Center for Lesbian Rights 94-3086885 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) Annual Gala None through column (c)) (event type) (event type) (total number) REVENUE 1 Gross receipts..... 605,208. 605,208. 2 Less: Contributions..... 355,851 355,851. **3** Gross income (line 1 minus line 2)..... 249,357 249,357. Cash prizes..... R E C T Rent/facility costs..... 225,108. 225,108. 7 Food and beverages 40,962. 40,962. 14,725. 14,725. Other direct expenses..... 10,522. 10,522. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 291,317. Net income summary. Subtract line 10 from line 3, column (d)..... -41,960. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming bingo/progressive bingo (add column (a) through column (c)) REVENUE (a) Bingo (c) Other gaming Gross revenue..... 2 Cash prizes..... D X P E N C T S Rent/facility costs..... 5 Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... **b** If 'No,' explain:

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

Sch	edule G (Form 990 or 990-EZ) 2018 National Center for Lesbian Rights	94-3086	5885	Page 3
	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:			
	a The organization's facility	. 13a		%
	b An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:		
	Name ►	· – – – ·		
	Address ►			
١	a Does the organization have a contract with a third party from whom the organization receives gaming reverb If 'Yes,' enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$ C If 'Yes,' enter name and address of the third party:			No
	Name ►			
	Address ►			ⁱ
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the	Yes	No
	organization's own exempt activities during the tax year ► \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, coand Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.	olumns (ny additi	(iii) and (ional	v);

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Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number 94-3086885 National Center for Lesbian Rights Part | General Information on Grants and Assistance Name of the organization

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X	
of the grants or assistance, the grantees' eligibility for the grants or assistance, and	See Part IV
the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility election criteria used to award the grants or assistance?	ibe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
1 Does	2 Des

		ŧ		S					2	0	~
-	es on d.	(h) Purpose of grant or assistance	Statewide education campaign	Research/analys is to help equality							Schedule I (Form 990) (2018)
-	Ion answered of space is neede	(g) Description of noncash assistance									Schedu
	e Ir tne organizat ated if additional	(f) Method of valuation (book, FMV, appraisal, other)	Cost	Cost							07/13/18
	rnments. Complet art II can be duplic	(e) Amount of non-cash assistance	0.0	0.0							TEEA3901L C
:	ore than \$5,000. Pa	(d) Amount of cash grant	10,000.	100,000.					the line 1 table		
	Organizations at t that received m	(c) IRC section (if applicable)	501(c)(3)	501(c)(3)					rganizations listed in	1 table	s for Form 990.
	ice to Domestic for any recipient	(b) EIN	82-1679244 501(c)	47-3968535 501 (c)					3) and government o	ons listed in the line	see the Instruction
	Fart in Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete it the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	(a) Name and address of organization or government	(1) <u>Freedom Mass. Edu. Fund</u> 28 <u>Court Square</u> Boston, MA 02108	(2) Movement Advancement Project	(3)	(4) 	 	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

National Center for Lesbian Rights Schedule I (Form 990) (2018)

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

	נמון גם מתלונים וו מתחווטוים אלמכם וא וופפתפתי	מכם וא וופפתפתי				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Suppo 1 orgs.	Support for social justice orgs.	1	11,000.		Cost	Yes on 3 campaign
2						
က						
4						
2						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	te the information	required in Part I,	line 2; Part III, co	lumn (b); and any oth	er additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Applicants are approved by the funding source after an application process before any required to submit reports to the funding source which outline activities during the outlines the terms of the grant. During and after the grant period, awardees are grants are awarded. Once funds are awarded, a grant agreement is completed which grant period and how funds were expended.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information**

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

94-3086885

Name of the organization National Center for Lesbian Rights

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

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

National Center for Lesbian Rights

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

94-3086885

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

				:				
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-IMISC compensation	C compensation	(C) Retirement	(D) Nontaxable	(F) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	benefits	columns(B)(i)-(D)	deferred on prior
Kate Kendell	Θ	288,374.	0.	0.	0.	37,647.	326	
1 Executive Dir.	€	ı		0		0	O 	0
Shannon Minter	Θ	202,845.	0	0.	0	25,589.	228,434.	
2 Legal Director	€	 		0	0 0 0 0 0 0 0 0 0 0	0	10 	0
Cathy Sakimura	Θ	138,967.	0	0	0	22, 936.	161,903.	
3 Deputy Director	(ii)			0.	0.		0	
	Θ							
4	€							
	Θ							
5	(ii)							
	Θ							
9	€		 			 		
	Θ							
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	€	 	 	 	 	 	 	
16	€							
ВАА			TEEA4102L 10/29/18	18			Schedule	Schedule J (Form 990) 2018

Supplemental Information Part III

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

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization National Center for Lesbian Rights

Employer identification number 94-3086885

(a) Check if applicable C	Par	rt I Types of Property							
Art — Historical treasures Art — Fractional interests Books and publications Clothing and household goods. X			Check if	Number of contributions or	Noncash contribution amounts reported on Form 990,	Metho noncash	(c od of c contrik	l) letermir oution a	ning mounts
3 Art – Fractional interests. 4 Books and publications. 5 Clothing and household goods. 7 X 4,494. FMV 6 Cars and other vehicles. 7 Boats and planes. 8 Intellectual property. 9 Securities – Publicly traded. 10 Securities – Publicly traded. 11 Securities – Partnership, LLC, or trust interests. 12 Securities – Partnership, LLC, or trust interests. 13 Caualified conservation contribution – Historic structures. 14 Qualified conservation contribution – Other. 15 Real estate – Residential. 16 Real estate – Commercial. 17 Real estate – Other. 18 Collectibles. 19 Food inventory. 10 Drugs and medical supplies. 21 Taxidermy. 22 Historical artifacts. 23 Scientific specimens. 24 Archeological artifacts. 25 Other F ()) 27 Other F ()) 28 Other F ()) 29 Number of Forms \$283 received by the organization during the tax year for contributions for which the organization completed Form \$283, Part IV, Donee Acknowledgement. 29 Press of the entire holding period? 20 Drugs the organization there are the return bloting period? 20 Drugs the organization there are the return bloting period? 30 Dest the organization there or use third parties or related organizations to solicit, process, or sell noncash contributions? 30 Dest the organization in Part II. 31 Does the organization in Part II. 32 Does the organization in Part II. 31 Dess the organization in Part II. 32 Does the organization in Part II. 33 If the organization in Part II. 34 If the organization (a) is checked,	1	Art — Works of art							
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5 Clothing and household goods. X 4,494. FMV 6 Cars and other vehicles.	3	Art — Fractional interests							
6 Cars and other vehicles. 7 Boats and planes. 8 Intellectual property. 9 Securities — Publicity traded. X 1,784 246,675. FMV 10 Securities — Publicity traded. X 1,784 246,675. FMV 11 Securities — Partnership, LLC, or trust interests. 12 Securities — Miscellaneous. 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other. 15 Real estate — Residential. 16 Real estate — Comercial. 17 Real estate — Comercial. 18 Collectibles. 19 Food inventory. 20 Drugs and medical supplies. 21 Taxidermy. 22 Historical artifacts. 23 Scientific specimens. 24 Archeological artifacts. 25 Other * () 26 Other * () 27 Other * () 28 Other * () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement. 29 In the purpose for the entire holding period? 30 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempl purposes for the entire holding period? 30 During the year, did the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32 In the organization him ire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32 In the organization him ire or use third parties or related organization to solicit, process, or sell noncash contributions? 31 X 32 In the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	4	Books and publications							
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	b	b If 'Yes,' describe in Part II.							
	33		umn (c) for a	type of property for wh	nich column (a) is chec	ked,			

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 National Center for Lesbian Rights 94-3086885 Page

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 10/22/18 Schedule M (Form 990) 2018

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

National Center for Lesbian Rights

Employer identification number

94-3086885

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The National Center for Lesbian Rights (NCLR) is a legal resource center with a primary commitment to advancing the rights and safety of lesbian, gay, bisexual and transgender people and communities through a program of litigation, public policy advocacy, free legal advice and counseling, and public education.

Form 990, Part III, Line 1 - Organization Mission

The National Center for Lesbian Rights (NCLR) is a legal resource center with a primary commitment to advancing the rights and safety of lesbian, gay, bisexual and transgender people and communities through a program of litigation, public policy advocacy, free legal advice and counseling, and public education.

Form 990, Part III, Line 4d - Other Program Services Description

Help overcome immigration hurdles faced by lesbian, gay, bisexual, and transgender immigrants, including those in detention and immigration court proceedings. Provide free legal assistance, direct representation to LGBT immigrants in 100 impact cases and individual asylum claims, and assist private attorneys representing LGBT immigrants throughout the U.S.

Protect LGBTQ youth from so-called "conversion therapy" by: helping state legislatures and equality groups pass bills banning conversion therapy through assistance in drafting, advocating for, and executing two new successful 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 agencies to address conversion therapy through regulation and executive action; educating parents and the public about the dangers of these practices

Form 990, Part III, Line 4d - Other Program Services Description

rapidly growing network of conversion therapy survivors empowered to speak about their stories to families, professionals who work with youth, and the media.

Work to eliminate transgender healthcare exclusions and discrimination; continue litigation on behalf of parent of a transgender child who died by suicide after receiving discriminatory and inadequate care. Continue to litigate healthcare and discrimination lawsuit on behalf of transgender prisoner housed in Idaho Department of Corrections.

Strengthen protections for LGBTQ youth in schools throughout the United States by: filing federal litigation challenging LGBT school curriculum laws that prohibit teachers from discussing or supporting LGBT people in a positive way; conducting public education and drafting op-eds and blog posts to increase awareness of the harms such laws cause, including contributing to harassment and a hostile environment for LGBT students; safeguarding the rights of transgender students through litigation; successfully advocating on the school and district level for transgender students to be given access to sex-separated facilities; advocating for clear policies and legal guidance from federal and state agencies that enforce civil rights protections for LGBTQ youth in school.

Advocate for low-income and rural communities with federal agencies through our #RuralPride campaign, now without a formal partnership with the U.S. Department of Agriculture (USDA), to raise awareness of the needs of LGBTQ people in rural communities and small towns; being an active member of the LGBTQ Criminal Justice Working group which works with various federal agencies to address the overcriminalization of LGBTQ people and people living with HIV/AIDS.

Form 990, Part III, Line 4d - Other Program Services Description

Conduct congressional outreach by: seeking additional co-sponsors for the Therapeutic Fraud Prevention Act; advocating for Senate opposition to biased federal judicial nominees; co-leading LGBTQ Dream Act Strategy Group to support the passage of a clean Dream Act, including Hill visits, sending letters to key members of Congress, co-drafting LGBTQ sign on letter, and publishing a joint op-ed with NCTE; meeting with congressional offices to address the need for criminal justice reform and economic justice pertaining to the LGBTQ community and other vulnerable communities; speaking on congressional briefing panels; developing LGBTQ fact sheets on key federal legislation.

Increase access to legal representation and work to ensure that all families are respected under the law by: litigating cases.

Improve outcomes for transgender children and their families by: representing parents in custody disputes who are affirming of their transgender children and providing technical assistance to attorneys in additional cases; advocating for expanded access to medically necessary transition- related care for transgender children; presenting at least 5 sessions on transgender youth and children; operating a legal clinic for families at the Gender Spectrum conference; acting as the legal director for the Child and Adolescent Gender Center, the gender clinic for transgender and gender- expansive youth at UC San Francisco's Benioff Children's Hospital.

Challenge homophobia, biphobia, and transphobia in sports by: improving conditions for high school transgender student athletes by working with state high school associations; working on individual sports discrimination cases; leading a national

Name of the organization

National Center for Lesbian Rights

Employer identification number

94-3086885

Form 990, Part III, Line 4d - Other Program Services Description

project, "Seeking Common Ground: Creating Respectful Athletic Climate for Athletes and Coaches of All Religious Perspective, Sexual Orientation, and Gender Identity or Expression" (with the National Collegiate Athletic Association).

Provide legal assistance, information and referrals to the public through approximately 1,500 phone calls and correspondence received by our Legal Helpline. Topics we provide assistance on include: 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

Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 is approved by the Audit Committee before filing and an electronic copy of the Form 990 is provided to the Board of Directors for review prior to filing.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The compensation of the Executive Director is reviewed and approved annually by the Board of Directors. This process last occured in 2019.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

NCLR makes its giverning documents, conflict of interest policy and financials statements available to the general public upon reasonable request.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

(T)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

(g) Sec 512(b)(13) controlled entity? (f)
Direct controlling
entity Yes Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. \bowtie (f) Direct controlling 94-3086885 N/A entity (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section 501 (c) 4 (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) CA**(b)** Primary activity Fight for LGBTQ (b) Primary activity rights Rights for Lesbian (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (1) NCLR Social Justice Fund 870 Market Street, Ste. 370 San Francisco, CA 94102 - 26-2887582 National Center Ī

(3)

(2)

(C)

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

(k) Percentage ownership												on Form 990, Part IV,	(i) Sec 512(b)(13) controlled entity?	SS No										Schedule R (Form 990) 2018
General or managing partner?	No											90, Pa		Yes										₹ (Form
	Yes											orm 9	(h) Percentage ownership											nedule F
Code V-UBI amount in box 20 of Schedule K-1 (Form	1065)											red 'Yes' on F	(g) Share of end-of- year assets											- S
(h) Disproportionate allocations?	No											inswe /ear.	S											-
	Yes											is a Corporation or Trust. Complete if the organization answered 'Yes' izations treated as a corporation or trust during the tax year.	(f) Share of total income											
(g) Share of end-of-year assets												ne org t durir												-
Φ												te if the	Type of entity (C corp, S corp,	usn										
of total me												omple ation o	Type (C col	5										
Share of total income												r Trust. Co	(d) Direct controlling	בוווול										TEEA5002L 10/02/18
nt income nrelated, from tax	14)											tion o												EA5002L
Predominant income (related, unrelated, excluded from tax under sections	512-514)											Corporations treat	Legal domicile (state or foreign	coming)										
(d) Direct controlling entity												le as a												-
Contro												Faxab ed org	(b) Primary activity											
(c) Legal domicile (state or foreign	country)											Identification of Related Organizations Taxable a				<u> </u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>		-
					+							rgani;	(a) Name, address, and EIN of related organization			 	 		 	 		 	 	
(b) Primary activity												ited O	ed orga		; 	i I I	i I I	i I I	i I I	i I I		i I I	i I I	
Prima												f Rela	of relate			 	 		 	 		 	 	
.IN of						 	 	 		 		Identification of I	d EIN o			 			 	 		 		
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(a) Iddress			 			 	 	 		 	1 1 1	Ine line	e, addr		 	 	 	I I !	 	 		 	 	
(a) Name, address, and EIN of related organization			 			 	 	 		 	 	Part IV	Nam			 	 		 	 		 		¥
~		$\mathbb{E}_{\overline{1}}$	i	i	(2)	i	İ	I	(9)	i	İ	4			Ξ¦	i	i	(2)	i	i	(8)	i	i	BAA

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	$\frac{9}{2}$
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	yanizations listed in Parts II-IV?				
a Receipt of (ii) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a		×
b Gift, grant, or capital contribution to related organization(s)			1 p		×
c Gift, grant, or capital contribution from related organization(s)			1 c		\bowtie
d Loans or loan guarantees to or for related organization(s)			1 d		\bowtie
e Loans or loan guarantees by related organization(s)			- 1 - 1 - 1		$ \times $
f Dividends from related organization(s).			-		\times
			1g		\times
h Purchase of assets from related organization(s)					×
i Exchange of assets with related organization(s)					\bowtie
j Lease of facilities, equipment, or other assets to related organization(s)			1 j		\bowtie
k Lease of facilities, equipment, or other assets from related organization(s).			- - - -		×
Performance of services or membership or fundraising solicitations for related organization(s).					$ \times$
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		\times
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	×	
o Sharing of paid employees with related organization(s)			10		$ \times $
p Reimbursement paid to related organization(s) for expenses					\bowtie
q Reimbursement paid by related organization(s) for expenses			- 1g		\times
r Other transfer of cash or property to related organization(s)			-		\times
s Other transfer of cash or property from related organization(s)			1s		\times
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	cluding covered relationships and tra-	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	etermini nvolved	î
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

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

(a) Name address and EIN of entity	Name address and FIN of entity Drimary activity enal dominile Predominant Are all nathers	(c)	(d) Predominant	(e)	rtnere	Share of	Share of	(h)		General or		(k)
	(1)	(state or foreign country)	income (related, unre- lated, excluded	section 501(c)(3) organizations?		total income	end-of-year assets	tionate allocations?	amount in box 20 of Schedule			ownership
			sections 512-514)	Yes	No			Yes No		Yes	No	
(1)												
<u>(2)</u>												
(3)												
(4)												
(5)												
(9)												
(<u>(</u>)												
(8)												
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Part VII Supplemental Information.

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