Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public

Inspection

A	For t	he 2	019 calendar y	ear, or tax year begi	nning		, 2019, a	nd endi	ing		, 20
В	Check	if app	olicable:	C Name of organization N2	ATIONAL ORGANIZ	ATION FOR MA	RRIAGE			D Empl	oyer identification number
	Addre	ss cha	ange	Doing business as							26-0240498
	Name	chang	ge	Number and street (or F	O. box if mail is not delivered	to street address)		Room/sui	ite	E Telep	hone number
	Initial	return		34 NORTH MAIN	STREET						
	Final r	eturn/	terminated	City or town, state or pro	ovince, country, and ZIP or for	eign postal code	'			G Gross	s receipts
	Amen	ded re	eturn	Rockford, IL 6	1103					\$	247,289
	Applic	ation	pending	F Name and address of p	incipal officer:				H(a) Is this a g	roup return t	for subordinates? Yes X No
									H(b) Are all s	ubordinate	es included? Yes No
ı	Tax-ex	kempt	status: 501	(c)(3) X 501(c) (4) ◀ (insert no.)	4947(a)(1) or 5	27		If "No,"	attach a lis	st. (see instructions)
J	Webs	ite:	N/A						H(c) Group	exemption	n number 🕨
ĸ	Form	of orga	anization: X Corp	poration Trust As	sociation Other ►	L	Year of formation	on: 20 0			gal domicile: VA
Pa	art I		Summary			•			•		
	1			the organization's miss	sion or most significant	activities: THE	MISSION	OF TH	E ORGAN	IZATI	ON IS TO PROVIDE
		F	OR EDUCATI	IONAL OUTREACH	AND PROTECT MA						FE AND THE NATURAL
nce		_			THAT SUPPORT AND						
rna		_		IS MARRIAGE CU							
ove.	1	2 (Check this box	if the organizatio	n discontinued its opera	ations or disposed o	of more than 2	25% of i	ts net asset	s.	
ŏ	3	3 1	Number of voting	g members of the gov	erning body (Part VI, lir	ne 1a)				3	5
Activities & Governance	4				rs of the governing boo						5
		5 1	Total number of	individuals employed i	n calendar year 2019 (Part V, line 2a)				5	0
	- 6			volunteers (estimate if	,					6	
⋖	7	7a 1	Total unrelated b	business revenue from	Part VIII, column (C), I	ine 12				7a	0
					e from Form 990-T, line					7b	0
									Prior Year		Current Year
e	8	3 (Contributions and	d grants (Part VIII, line	e 1h)						247,289
	9) F	Program service	e revenue (Part VIII, lin	e 2g)						0
Revenue	10		•	,	A), lines 3, 4, and 7d)						0
Re	1.			,	nes 5, 6d, 8c, 9c, 10c, a						0
	1:	2 7	Total revenue - a	add lines 8 through 11	(must equal Part VIII, c	olumn (A), line 12)					247,289
	1:				IX, column (A), lines 1-						0
	14	4 E	Benefits paid to	or for members (Part I	X, column (A), line 4)						0
	1	5 8	Salaries, other c		211,997						
Expenses	10	6a F	Professional fun	draising fees (Part IX,			0				
ben		b 1	Total fundraising	g expenses (Part IX, co	olumn (D), line 25) ▶		66,200				
$\overline{\Sigma}$	17	7 (Other expenses	(Part IX, column (A), li	nes 11a-11d, 11f-24e)						117,938
	18	B 1	Total expenses.	Add lines 13-17 (mus	t equal Part IX, column	(A), line 25)					329,935
	19	9 F	Revenue less ex	penses. Subtract line	18 from line 12						(82,646)
ō	ces							Begi	nning of Curre	ent Year	End of Year
sets	E 20	0 7	Total assets (Pa	art X, line 16)					88	,833	53,930
Net Assets or	2	1 1	Total liabilities (F	Part X, line 26)					283	,386	331,129
_			Net assets or fu	nd balances. Subtrac	t line 21 from line 20 .				(194	,553)	(277,199)
Pa	art II		Signature	Block							
					urn, including accompanying s ficer) is based on all information			of my knov	wledge and beli	ief, it is	
	,				,	FF	,				
٥.			BRIAN S								
Sig	jn		Signature of o	officer						Dat	te
He	re			S BROWN, presid	lent						
			Type or print	name and title	T		1				
			Print/Type prepare	er's name	Preparer's signature		Date		Check	X if	PTIN
Pa					<u> </u>		12-17-20	20	self-emp	oloyed	
	par		Firm's name ►					F	Firm's EIN		
Us	e Oı	nly	Firm's address ▶					P	Phone no.		
May	/ the	IRS	discuss this retu	um with the preparer s	hown above? (see instr	ructions)					🛛 Yes 🗌 No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		
7		0		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	'		Х
Ü	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		^
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			21
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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	4		
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		3.5
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		37
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_555		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
_	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		37
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		X
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			Λ
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	•	
Dar	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Chesic in Concodic C Contains a response of note to any line in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	.10
b	Enter the number of Form 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 (gambling) winnings to prize winners?	1c	х	
	1 0 0 (0 0) 0	-		

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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, p	rocesses, or changes	in Schedule O. See instructions	S.
Check if Schedule O contains a response or note to any line in this Pa			

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, u	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-74		Λ
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		Λ
Ü	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	Λ	
,	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Λ
	TOTAL DE L'ORDING (TIMO COORDIN D'EQUACION ADORE POR FORMACIÓN DE TOQUES DE INCINICI POR FORMACIÓN DE TOQUES DE CORDINA COORDINA		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
u	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"			
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			Λ
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Λ	х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		Α
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		Α
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
Sec	organization's exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Don request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	BRIAN S. BROWN (888)894-3604, 934 NORTH MAIN STREET, Rockford, IL 61103			
	DATAM D. DAOMM (000)071-3001, 331 MONTH MAIN STREET, ROCKLOIG, IL 01103			

Form 990 (2)	J'	19
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NATIONAL ORGANIZATION FOR MARRIAGE

26-0	02	24	0	4	9	8
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m ss per d a dir	son is	han one as both ar hydrustee) Highest compensated employee	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BISHOP GEORGE MCKINNEY	2.00						0	0	
DIRECTOR (2) LUIS TELLEZ	5.00	Х					U	0	0
(2) LUIS TELLEZ DIRECTOR	5.00	x					0	0	0
(3) DR JOHN EASTMAN	5.00	Λ					0		
DIRECTOR		x					0	0	0
(4) PROF_ROBERT_GEORGE	2.00								-
DIRECTOR		x					0	0	0
(5) BRIAN S. BROWN	30.00								
DIRECTOR		x					0	0	0
<u>(6)</u> <u>(7)</u>									
(8)									
<u>(9)</u>									
(10)									
(11)									
(12)									
(13)									
(14)									

Part	VII Section A. Officers, Directors, Trustee	os, rey Emp	loyee	3, ai		(C)	031 00	шр	ensated Employe	(continued)			
	(A) Name and title	(B) Average hours per week	box,	unles	Poseck mass per	sition nore the rson is rector	han one s both ar /trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	со	nount r tion	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	from the anization ed organi:	and
<u>(15)</u>													
(16)													
<u>(17)</u>													
(18)													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Subtotal	tion A .						٠ ,	0	0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) w	ho re	eceive	d mo	ore than \$100,000	of			(
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		•				-		•		. 3	Yes	No X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	nan \$150,000)? If "Y	'es,"	con			•					
5	individual	compensation	on from	any	unr		_				. 5		x
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report compensation from the organization.										·.		
	(A)								(B)		(C)		
	Name and business addres	SS							Description of service	es	Compen	sation	
2	Total number of independent contractors (including	-				ted a	above)) wh	0				

NATIONAL ORGANIZATION FOR MARRIAGE 26-0240498 Statement of Revenue

		Check if Schedule O contains a respons			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
s, s	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					
, M M G	d	Related organizations	1d					
3ifts ar A	е	Government grants (contributions)	1e					
imii	f	All other contributions, gifts, grants,						
utior er S		and similar amounts not included above	1f	247,289				
g ş	g	Noncash contributions included in						
on Ind		lines 1a-1f	1g	\$				
0 10	h	Total. Add lines 1a-1f		▶	247,289			
				Business Code				
Φ	2a							
Program Service Revenue	b							
Ser	С							
am	d							
og R	е							
Ā	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, interother similar amounts)		▶				
	5	Royalties	•	F				
		(i) Rea		(ii) Personal				
	62	Gross rents 6a		(II) Fersonal				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		(i) Constitution		(ii) Other				
	7a	Gross amount from (i) Securiti	62	(II) Other				
		other than inventory						
Ð	b	Less: cost or other basis and sales expenses 7b						
Revenue	_	Gain or (loss) 7c						
ě		Net gain or (loss)						
er F		Gross income from fundraising	· —					
ğ	0a	events (not including \$						
Ū		of contributions reported on line	-					
		1c). See Part IV, line 18	8a					
	h	Less: direct expenses	8b					
		Net income or (loss) from fundraising event						
		Gross income from gaming						
	Ju	activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming activities						
			· ·					
	10a	Gross sales of inventory, less returns and allowances	10a					
	h	Less: cost of goods sold	10b					
		Net income or (loss) from sales of inventor						
	٦	The module of (1033) norm sales of inventory	<u>· · · </u>	Business Code				
ω	11a			Dusiness Code				
Miscellanous Revenue	b	-						
en Jen	C							
Sce Re		All other revenue						
Ĕ		Total. Add lines 11a-11d						
	•	Total revenue See instructions	• • •		247 289	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 76,250 96,250 10,000 10,000 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 50,000 36,250 10,000 96,250 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 17,713 17,713 10 784 1,784 1,000 11 Fees for services (nonemployees): b Legal..... d Professional fundraising services. See Part IV, line 17 . Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 3,000 9,000 3,000 3,000 12 13 14 136 2,426 2,290 15 16 8,574 8,574 17 25,000 25,134 50,134 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,738 3,738 20 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) DIRECT MAIL 20,000 29,013 9,013 b OFFICE EXPENSES 14,553 6,000 8,553 OUTSIDE SERVICES 500 С 500 d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 329,935 202,837 60,898 66,200 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)

26-0240498

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	35,980	1	(12,897)
	2	Savings and temporary cash investments		2	(==,==,
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 28,716			
	b	Less: accumulated depreciation 10b 26,362	2,354	10c	2,354
	11	Investments - publicly traded securities	•	11	•
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	50,499	15	64,473
	16	Total assets. Add lines 1 through 15 (must equal line 33)	88,833	16	53,930
	17	Accounts payable and accrued expenses	108,173	17	112,617
	18	Grants payable	•	18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	175,213	25	218,512
	26	Total liabilities. Add lines 17 through 25	283,386	26	331,129
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
S		and complete lines 27, 28, 32, and 33.			
2	27	Net assets without donor restrictions	(194,553)	27	(277,199)
sala	28	Net assets with donor restrictions		28	
둳		Organizations that do not follow FASB ASC 958, check here			
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	(194,553)	32	(277,199)
	33	Total liabilities and net assets/fund balances	88,833	33	53,930
EEA					Form 990 (2019)

Form 990 (201	9) NATIONAL ORG	GANIZATION FOR	MARRIAGE	26-0240498
Part XI	Reconciliation of Net Asse	ets		

Page **12**

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1			247,	289
2	Total expenses (must equal Part IX, column (A), line 25)	2			329,	935
3	Revenue less expenses. Subtract line 2 from line 1	3			(82,	646
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		(194,	553
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		(277,	199
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>		. 🗆
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

EEA Form **990** (2019)

SCHEDULE D (Form 990)

Department of the Treasury

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.

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

Name of the organization Empl

► Attach to Form 990.

2019

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

NATIONAL ORGANIZATION FOR MARRIAGE 26-0240498 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 6 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 Part II 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 2 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 2a b Total acreage restricted by conservation easements 2b 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 3 tax year ► 4 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, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 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)? 🗌 Yes 🔲 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 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. If the organization elected, as permitted under FASB 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 FASB 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: 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

	rt III Organizations Maintaining								sset	S (COI	ITIII	uea)
3	Using the organization's acquisition, accession	, and other records	s, check a	ny of t	the follo	wing that ma	ike signi	ificant use of its				
	collection items (check all that apply):											
a	Public exhibition		d	Н		or exchange _l	program	ns				
b	Scholarly research		е	Ш	Other							
C	Preservation for future generations											
4	Provide a description of the organization's colle	ections and explain	how they	/ furth	er the c	organization's	exemp	t purpose in Part				
_	XIII.											
5	During the year, did the organization solicit or r								г	٦.,		
Da	assets to be sold to raise funds rather than to		art of the	orgar	nization	s collection?.		<u></u>	• [Yes		No
Pai	rt IV Escrow and Custodial Arran		on For	س ۵۵)() Do	rt IV/ line (0 0 = =	anartad an am	01104	on F		
	Complete if the organization a	iisweieu res	OH FOI	111 98	00, Fa	iit iv, iiiie i	9, 01 16	eponeu an an	lourii	OIIF	ווווע	
	990, Part X, line 21.					-11						
1a	Is the organization an agent, trustee, custodian		-						г	7		NI -
						• • • • •			٠ ٠ ١	_ Yes	Ш	No
b	If "Yes," explain the arrangement in Part XIII ar	na complete the fol	lowing tar	oie:								
_	Device to the leave						4		mount			
С.	Beginning balance											
d	Additions during the year											
e	• ,											
f	Ending balance						. <u>1f</u>		Г	٦ ,,		
2a	Did the organization include an amount on Form									Yes		No
Do:	If "Yes," explain the arrangement in Part XIII. C	neck nere if the ex	(planation	nas r	peen pro	ovided on Pa	IIIX JIII		• • •	• • •	Ш	
Pai	rt V Endowment Funds.	noward "Vaa"	on For	<u>~ ۵۲</u>) Do	rt IV/ line	10					
	Complete if the organization a								Τ.			
	.	(a) Current year	(b) I	Prior ye	ar	(c) Two years	back	(d) Three years back	(e) Four y	ears b	ack
1a	Beginning of year balance											
b	Contributions								-			
С	Net investment earnings, gains, and											
	losses											
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs											
f	Administrative expenses											
g	End of year balance		<u> </u>									
2	Provide the estimated percentage of the curren	-	(line 1g,	colum	ın (a)) r	neld as:						
a	Board designated or quasi-endowment	%										
b	Permanent endowment ► %)										
С	Term endowment	1.4000/										
_	The percentages on lines 2a, 2b, and 2c should	•										
3a	Are there endowment funds not in the possess	sion of the organiza	ation that a	are he	eld and	administered	for the			Г.	_	
	organization by:								Г		es/	No
					• • •				•	3a(i)		
	(ii) Related organizations					• • • • • •			•	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization				e R?.				•	3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.								
Pai	rt VI Land, Buildings, and Equipr			O)O D-	m4 IV / 15-a-a-a-a	11- 0	Fares 000	D~~'	V II.	_ 4/	,
	Complete if the organization a											J.
	Description of property	(a) Cost or ot		(t	•	other basis		Accumulated	(d) Book v	/alue	
		(investn	nent)	+	(0	other)	d	epreciation				
1a	Land	•		+								
b	Buildings	•		_								
С	Leasehold improvements	•										
d	Equipment	•		+		28,716		26,362			2,	354
<u>e</u>	Other											
Tota	 Add lines 1a through 1e. (Column (d) must e 	qual Form 990, Pa	art X, colu	ımn (E	3), line	10 <i>c.</i>)					2,	354

2,354

Part VII	Investments - Other Securities.					-0240498	Page 3
	Complete if the organization answere	d "Yes" on For	m 990, Part	t IV, line	11b. See Forn	n 990, Part X,	line 12.
	(a) Description of security or category (including name of security)		(b) Book va	llue		c) Method of valuation or end-of-year market v	
(1) Financial	derivatives						
	eld equity interests						
(3) Other							
(A)							
(B)							
(C) (D)							
(E)							
(F)							
(G)							
(H)							
	nn (b) must equal Form 990, Part X, col. (B) line 12	2.) ▶					
Part VIII	Investments - Program Related.						
	Complete if the organization answere	d "Yes" on For	m 990, Part □	t IV, line	11c. See Forn	n 990, Part X,	line 13.
	(a) Description of investment		(b) Book va	lue		c) Method of valuation	
(1)					Cost o	or end-of-year market v	alue
(1) (2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	nn (b) must equal Form 990, Part X, col. (B) line 13	3. <i>)</i> ▶					
Part IX	Other Assets. Complete if the organization answere	d "Voc" on For	m 000 Part	t IV/ line :	11d Soo Forn	000 Part V	lino 15
		escription	iii 990, Fait	iv, iiie	riu. See Foili		ok value
(1)SECTIRT	TY DEPOSITS	escription				(b) BO	3,75
(2)DTHER	11 511 65115						4
	RECEIVABLE						60,67
(4)							•
(5)							
(6)							
(7)							
(8)							
(9)	(1) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8						
	nn (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities.	o <i>.)</i>					64,47
Part X	Complete if the organization answere	d "Ves" on For	m 000 Part	t IV/ line ·	110 or 11f So	e Form 990 F	Part Y
	line 25.	u 163 011101	iii 990, i ait	i iv, iiiic	116 01 111. 36	e i oiiii 990, i	art A,
1.	(a) Description of liability	(b) Book v	value				
	income taxes	(5) 2000	raido	-			
(2)LOANS			218,512	=			
(3)				-			
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
I otal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) . ▶		218,512				

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

	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	i iteluiii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T . T	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	_	
C	Other losses	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
		3	
	rt XIII Supplemental Information.		
Provi	rt XIII Supplemental Information. ide 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; F		
Provi	rt XIII Supplemental Information.		
Provi	rt XIII Supplemental Information. ide 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; F		
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Provi	rt XIII Supplemental Information. ide 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; F		
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Provi	rt XIII Supplemental Information. ide 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; F		

EEA Schedule D (Form 990) 2019

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

NATIONAL ORGANIZATION FOR MARRIAGE

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

26-0240498

Name of the organization Employer identification number

01. Form 990 governing body review (Part VI, line 11)
NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED.
02. CEO, executive director, top management comp (Part VI, line 15a)
GOVERNING BOARD PERIODICALLY REVIEWS COMPENSATION LEVEL OF ANY PAID OFFICERS OF DIRECTORS.
03. Governing documents, etc, available to public (Part VI, line 19)
DOCUMENTS ARE AVAILABLE UPON REQUEST.
DOCUMENTS ARE AVAILABLE OF ON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 2019

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

(c) Legal domicile (state

Department of the Treasury Internal Revenue Service Name of the organization

Part I

NATIONAL ORGANIZATION FOR MARRIAGE

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

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

Open to Public Inspection

Employer identification number

26-0240498

(a) Name, address, and EIN (if applicable) of disregarded entity		Prim	(b) nary activity	Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct con enti	trolling ty
(1)								
(2)								
(3)								
(4)								
(5)								
Part II Identification of Related Tax-Exempt Organiz one or more related tax-exempt organizations do			e organization	answered "Yes" or	n Form 990, Part	: IV, line 34 beca	use it ha	d
(a) Name, address, and EIN of related organization		(b) ary activity	(c) Legal domicile (state or foreign country)		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	controll	2(b)(13) ed entity?
(1) NATION FOR MARRIAGE EDUCATION FDN, 93 NORTH MAIN STREET	EDUCATIO						Yes	No
Rockford, IL 61103 (2)	MARRIAGE	ISSUES	VA	501C3		N/A		X
(3)								
(4)								
(5)								

Page 2

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

	e or more related orga				1							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of- year assets			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part		Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section5 contr enti	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									

Scriedule K	(FOIII 990) 2019					'	aye
Part V	Transactions with Related Organizations. Complete if the organization answer	ered "Yes" on Form	990, Part IV, line 3	4, 35b, or 36.			
Note: C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 Duri	ng the tax year, did the organization engage in any of the following transactions with one or more related or	ganizations listed in Part	s II-IV?				
a Rec	eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	·			1a		
	grant, or capital contribution to related organization(s)			<u> </u>	1b		
	grant, or capital contribution from related organization(s)			H	1c		
	ns or loan guarantees to or for related organization(s)			<u> </u>	1d		
	ns or loan guarantees by related organization(s)				1e		
C Loui	is of four guarantees by fourted organization(s)						
f Divid	dends from related organization(s)				1f		
				 			
_	of assets to related organization(s)			<u> </u>	1g		
	hase of assets from related organization(s)			<u> </u>	1h		
	nange of assets with related organization(s)			 	1i		
j Leas	se of facilities, equipment, or other assets to related organization(s)				1j		
	se of facilities, equipment, or other assets from related organization(s)				1k		
I Perf	ormance of services or membership or fundraising solicitations for related organization(s) $\dots \dots$				11		
m Perf	ormance of services or membership or fundraising solicitations by related organization(s)				1m		
n Sha	ring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
	ing of paid employees with related organization(s)				10		
p Reir	nbursement paid to related organization(s) for expenses				1p		
•	nbursement paid by related organization(s) for expenses			H	1g		
4							
r Othe	er transfer of cash or property to related organization(s)				1r		
	er transfer of cash or property from related organization(s)			-	1s		
	e answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc				13		
2 11 1116	·						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining a	mount i	nvolved	
		1,90 (4 0)					
(1)							
(2)							
(3)							
(4)							

(5)

26-0240498

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

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

(a)	(b)	(c)	(d)	(е		(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all	partners tion (c)(3) zations	Share of total income	Share of end-of-year assets	Disprop alloca			Gene man	eral or aging tner?	Percentage ownership
			Sections 312-314)	Yes	No			Yes	No		Yes	No	
(1)													I
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
(11)													
(12)													

EEA

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

► File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

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

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print NATIONAL ORGANIZATION FOR MARRIAGE 26-0240498 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 934 NORTH MAIN STREET filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. Rockford, IL 61103 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 12 • The books are in the care of ▶ BRIAN S. BROWN, 934 NORTH MAIN STREET, Rockford, IL 61103 Telephone No.▶ 888-894-3604 FAX No. ► • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until 11-16 , 20 20 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 19 or tax year beginning , 20 , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3с

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

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

Form 8868 (Rev. 1-2020)