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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
TASH INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1101 15TH STREET NW SUITE 206

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

F Name and address of principal officer:
MICHAEL BROGIOLI
1101 15TH STREET NW
SUITE 206
WASHINGTON, DC 20005

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.TASH.ORG

D Employer identification number
51-0160220

E Telephone number
(202) 540-9020

G Gross receipts \$ 1,016,074

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation: 1975
M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TASH IS AN INTERNATIONAL GRASSROOTS LEADER IN ADVANCING INCLUSIVE COMMUNITITES THROUGH RESEARCH, EDUCATION AND ADVOCACY. A VOLUNTEER ORGANIZATION THAT ADVOCATES FOR HUMAN RIGHTS AND INCLUSION FOR PEOPLE WITH THE MOST SIGNIFICANT DISABILITIES AND SUPPORT NEEDS - THOSE MOST VULNERABLE TO SEGREGATION, ABUSE, NEGLECT AND INSTITUTIONALIZATION.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3 14
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6
6 Total number of volunteers (estimate if necessary) 6 31
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, line 39 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) 678,687 629,657
9 Program service revenue (Part VIII, line 2g) 410,540 377,312
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8 11
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,230 9,094
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,099,465 1,016,074

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0
14 Benefits paid to or for members (Part IX, column (A), line 4) 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 590,571 511,445
16a Professional fundraising fees (Part IX, column (A), line 11e) 0
b Total fundraising expenses (Part IX, column (D), line 25) ▶144,514
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 609,699 547,235
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,200,270 1,058,680
19 Revenue less expenses. Subtract line 18 from line 12 -100,805 -42,606

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 212,537 200,800
21 Total liabilities (Part X, line 26) 358,286 387,856
22 Net assets or fund balances. Subtract line 21 from line 20 -145,749 -187,056

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
MICHAEL BROGIOLI EXECUTIVE DIRECTOR
Type or print name and title

2020-11-15
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ L&H BUSINESS CONSULTING
Firm's address ▶ 1212 YORK RD STE C300
LUTHERVILLE, MD 210936274

Preparer's signature
Date 2020-11-13
Check ☐ if self-employed
Firm's EIN ▶ 27-2774643
Phone no. (410) 828-4177

PTIN P00847462

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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