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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Indy Pride, Inc.		D Employer identification number 35-1951286
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number 317-372-6932
		PO Box 44403		F Group Exemption Number ►
		City or town, state or country, and ZIP + 4 Indianapolis, IN 46244-0403		

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► www.Indyprideinc.com**J Tax-exempt status** (check only one) — ☒ 501(c) (3) ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ► ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 195,146**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	193,182
	3 Membership dues and assessments	3	1,670
	4 Investment income	4	294
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	0
	b Less: direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ►)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	195,146	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	52,713
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	9,056
	14 Occupancy, rent, utilities, and maintenance	14	17,166
	15 Printing, publications, postage, and shipping	15	6,698
	16 Other expenses (describe ► See attachment 2)	16	114,867
	17 Total expenses. Add lines 10 through 16	17	200,500
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(5,354)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	49,802
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	44,448

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	48,261	22 44,316
23 Land and buildings	0	23 0
24 Other assets (describe ► Accounts receivable, Equipment)	2,557	24 2,632
25 Total assets	50,818	25 46,948
26 Total liabilities (describe ► Accounts payable)	1,016	26 2,500
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,802	27 44,448

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

Cat. No. 108421

Form **990-EZ** (2009)

SCANNED JUL 28 2010

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)	
What is the organization's primary exempt purpose? Educational social programming on GLBT history Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	Pride festival, parade and other activities that seek to educate, celebrate diversity and create unity, in and between, the Lesbian, Gay, Bisexual, Transgender and Straight communities. The Pride festival had approximately 35,000 attendees and the parade approximately 10,000 attendees (Grants \$ 52,713) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	200,500
29		29a	
30		30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Scott VanKirk P.O. Box 44403, Indianapolis, IN 46244	President, 20 hours	0	0	0
Tiffany Dow P.O. Box 44403, Indianapolis, IN 46244	Vice President, 10 hours	0	0	0
Jason Grisell P.O. Box 44403, Indianapolis, IN 46244	Treasurer, 20 hours	0	0	0
Dan Maxwell P.O. Box 44403, Indianapolis, IN 46244	Secretary, 10 hours	0	0	0
Andy Gilliland P.O. Box 44403, Indianapolis, IN 46244	Board Member, 5 hours	0	0	0
Brad Plunkett P.O. Box 44403, Indianapolis, IN 46244	Board Member, 5 hours	0	0	0
Chad Walker P.O. Box 44403, Indianapolis, IN 46244	Board Member, 5 hours	0	0	0
Doug Mellinger P.O. Box 44403, Indianapolis, IN 46244	Board Member, 5 hours	0	0	0
Gary Brackett P.O. Box 44403, Indianapolis, IN 46244	Board Member, 5 hours	0	0	0
Harold Steve Turner P.O. Box 44403, Indianapolis, IN 46244	Board Member, 5 hours	0	0	0
Marc Gray P.O. Box 44403, Indianapolis, IN 46244	Board Member, 5 hours	0	0	0
Nic Hennsley P.O. Box 44403, Indianapolis, IN 46244	Board Member, 5 hours	0	0	0
Nicole Griffin P.O. Box 44403, Indianapolis, IN 46244	Board Member, 5 hours	0	0	0
Vivian Farris P.O. Box 44403, Indianapolis, IN 46244	Board Member, 5 hours	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41	List the states with which a copy of this return is filed. ▶ <u>Indiana</u>		
42a	The organization's books are in care of ▶ <u>Jason Grisell</u> Telephone no. ▶ <u>317-372-6932</u> Located at ▶ <u>116 S. Emerson Avenue, Indianapolis, IN</u> ZIP + 4 ▶ <u>46219</u>		
b	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)?	42b	✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		☐
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **None**

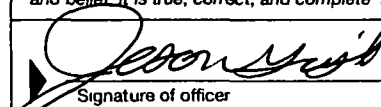
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **None**

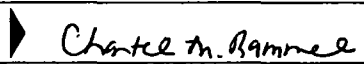
Sign Here

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.

 **Signature of officer** **5-13-10**
Date

Jason Grisell, Board Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature  **Chantel M. Rammel** Date **5-11-10**

Firm's name (or yours if self-employed), address, and ZIP + 4 **Chantel M. Rammel** Check if self-employed ☒

5849 Winthrop Avenue, Indianapolis, IN 46220 Preparer's identifying number (See instructions)

EIN Phone no **317-225-2765**

May the IRS discuss this return with the preparer shown above? See instructions ☒ **Yes** ☐ **No**

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,170	28,228	31,880	27,306	29,696	148,280
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	138,897	50,259	133,468	149,943	165,156	637,723
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	170,067	78,487	165,348	177,249	194,852	786,003
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					709	709
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					22,000	22,000
c Add lines 7a and 7b					22,709	22,709
8 Public support. (Subtract line 7c from line 6.)						763,294

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	170,067	78,487	165,348	177,249	194,852	786,003
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	153	268	330	275	294	1,320
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	153	268	330	275	294	1,320
11 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	170,220	78,755	165,678	177,524	195,146	787,323
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.8 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	3.0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.2 %

- 19a 33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒
- b 33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

INDY PRIDE, INC.
EIN: 35-1951286
TAX YEAR 2009
FORM 990EZ

GRANTS AND ALLOCATIONS

Class of Activity: Community Outreach
Donee's Name: Indiana Aids Fund
Donee's Address: 429 E. Vermont Street
Indianapolis, IN 46202
Relationship: Unrelated
Amount: 18,154

Class of Activity: Community Outreach
Donee's Name: Indiana Youth Group, Inc.
Donee's Address: 2943 E. 46th Street
Indianapolis, IN 46205
Relationship: Unrelated
Amount: 6,361

Class of Activity: Community Outreach
Donee's Name: Various (none greater than \$5,000)
Donee's Address:
Relationship: Unrelated
Amount: 20,638

45,153

Class of Activity: Seven Scholarships
Donee's Name: Various (none greater than \$5,000)
Donee's Address:
Relationship: Unrelated
Amount: 7,560

TOTAL, LINE 10 52,713

INDY PRIDE, INC.

EIN: 35-1951286

TAX YEAR 2009

FORM 990EZ

ATTACHMENT 2

OTHER EXPENSES, LINE 16

Festival and parade direct expense	72,036
Equipment rental and maintenance	21,425
Business insurance	6,292
Travel and meetings	7,812
Depreciation expense	1,215
Bank fees	1,354
Advertising	3,973
Books and subscriptions	<u>760</u>
	<u><u>114,867</u></u>